MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

- 1 to 0		CERTIFICA	IL OF DEATH		12799
1. PLACE OF DEA	TH				tion: Residence before admission)
o. COUNTY		MARYLAND	o. STATE	b. (OL	
L CITY OD TO	Prince Georg	025	Maryla	ad P	rince Georges
	VN (If outside corporate limits, ond give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	iside corporote limits, write Kl	JRAL and give neorest town)
	Cheverly	50 days	Lanham		1611
d. NAME OF HO	SPITAL OR INSTITUTION (If not i	in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDEN
					ON A FARM
-Characac	y Prince Gen.	Gen Hospital	9301 D		
3. NAME OF DECEASED	First	* Middle	Last	4. DATE Mor	oth Doy Year
(Type or print)	Uas	u u	Aborto	DEATH SO	nt 28 19 f
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24
		WIDOWED DIVORCED	10 044 10		Months Doys Hours
Malencup	TION (Give kind of work done	10b. KIND OF BUSINESS OR	10 Odt., 19	10 56 yrs.	12. CITIZEN OF WHAT
during most of wor	king life, even if retired)	INDUSTRY	II. BIRIMPLACE (COUNTY &	Stote, or foreign country)	
Dri		Taxi (self emplo	yed) Maryl	and	UCOUNTRY?
13. FATHER S NAM			14. MOTHER'S MAIDEN N	AME	
	John Abe	erts	Dorothy	Pyles	
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	7. INFORMANT	Add	ress
	vn) (If yes give wor or dotes of s	service)	ladys Aberts		
ye	s W W 11	579 07 7050	radys Aberts	Lanham	PIG.
	F DEATH (Enter only one couse	per line for (o), (b), ond (c).)			INTERVAL BETWE
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Bronchogenic care	cinoma: right	upper lobe.	ONSET AND DEA
160	DUE TO)————			
Conditions if	ony which gave				
	dinte couse (n)				
	nderlying couse DUE TO				
last.) (c))			
PART II. OTHI	R SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(g)	19. WAS AUTOPS
<u> </u>					PERFORMED? YES T. L. NO
3	IVIC IIVISTRIVINO ET	Tool presents their million officer	TO 15		TES SEEK NO
	WAS UNDERLYING ING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRE	U. (Enter noture of injury in P	ort I or Port II of item 18.)	
UF CHITCK, NU	TIFY MEDICAL EXAMINER)				
20c. TIME OF	INJURY Month, Doy, Year		PLACE OF INJURY (Home, form,	, 20f. (City or town)	(County) (Sto
Hau Hau	a.m.	While Not While ot work	factory, street, office bldg., etc.)	O The State State	
01.1	poten			250	00 1067 11 111
21. 10	errity that (1) (Not hospe	attended the deceased fram	, 19	27, to Sept.	28, 1967, that (1) (w
saw th	deceased alive an Ser	ot. 28, 1967, and t	hat death accurred at	4. UU MM fram causes	and an the date stated o
229 SIGNAT	JRE 0		ATTENDING	AAED CYAFF	22b. DATE SIGNED
1/20	10min S.)	nieler	M.D. PHYS.	MED. DIRECTOR PHYS.] Sent 2819
22c PHYSICI	AN'S		22d. ADDRESS		1.24
NAME (pe)Benjamin Mi	11er. M.D.		St Mt Pain	ier. Maryland
230. BURIAL, CREA	*7. 1			23d. LOCATION (City or To	own) (County) (State
Burial	oct 2,	1967 Resurrection	Cemetery	Clinton P	ro Geo Md.
24. FUNERAL DIR		ADDRESS			
		s Hvattsville Md	.OCT	2 PEGISTRA 25bg	GOISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth.

Poge 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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-00	Su	6	3	1	

CERTIFICATE OF DEATH

12800

1.	1. PLACE OF DEATH 0. COUNTY Prince Georges MARYLAND				LAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE D. C.					
		If outside corporote limit d give nearest tawn) e (rural)	S,	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If o		te limits, write RUI	RAL ond give	neorest town	73
		al or institution (if no le Hospital	ot in hospital, o			d. STREET ADDRESS 419 Frank		reet, N.	W.	e. IS RI ON A	ESIDENCE A FARM3
L	NAME OF DECEASED (Type or print)	Fi Con	nst ley	Middle W.	Ale	kander	4. DATE OF DEATH	Septem		Doy 8	Year 7
S.	Male	6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		8/14/24	9	AGE (In years lost birthdoy) 43 yrs.	Months 1	Doys Hou	DER 24 HRS. rs Min.
du	o. USUAL OCCUPATION ing most of working Unemploy FATHER'S NAME		10b. KI	ND OF BUSINESS OR DUSTRY			h Caro			IZEN OF WHAT USA	-1
13.		lie Alexand	er			Mary L.					
15 (Y	. WAS DECEASED EVE es, no, or unknown) Yes	R IN U.S. ARMED FORCES? (If yes give wor or dates) 1943–1946	of service)	social security no. +0-30-2798	17. 1	Decedent		Addre	955		
	PART I. DEA O D 1 Conditions, if ony rise to immediat stating the under last.	e couse (o),	(o) 10 (b)	Whin (c),	y T	Weru	Unis			INTERVAL I	D DEATH
CATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING 1	TO DEATH BUT NOT RELA	ATED TO T	HE TERMINAL DISEASE (O	NDITION GIVE	N IN PART 1(o)		19. WAS A PERFO	RMFD?
L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OF	CURRED. (Enter nature of injury in	Port I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJI Hour o.r p.r	10	20d. If While of work		20e. PLAC focto	E OF INJURY (Home, farr ory, street, olfice bldg., etc.	m, 20f.	(City or town)	(Cou	nty)	(Stote)
		fy that XI) (this has eceased alive an_	pital) attend 9/8	ded the deceased	fram_S ind that	death accurred at	10:40 M	, fram causes		_, that (*) e date stat	
	22o. SIGNATURE	Ulive	We	n	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	9/8/	TE SIGNED	
	22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS G	lenn D lenn D	ale Hosp ale, Mar	ital yland		
230	REMOVAL (Specify		FREOF -67	23c NAME OF CEME	TERY OR (REMATORY	Ed. LO	CATION (CHAPTO	Leun	(County)	(State)
3	FUNERAL DIRECTO	Think	in Du	merel Hos	4804	250. REC' DATE SE	P 1 3	1967 25b. RE	GISTRAR'S SI	GNATURE	ge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample ely filled in by the targetor, page 3 shauld be detached far use as the burial-transit permit. Then please removes about papers. Pages shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	- 14. 6.0	~			CERTIF	CALE	OF DEATH			14	600.	1
	LACE OF DEATH						2. USUAL RESIDENCE (Where deceo			nce before	odmission)
0	. COUNTY	Prince	Geor	000	MARY	IAND	o. STATE Marv	land	b. (0)	ince G	'aara	20
h	. CITY OR TOWN				C. LENGTH OF STAY IN		c. CITY OR TOWN (If or		to limite write D	IPAL and air	COLGE	town
	write RURAL or	d give neores Chever	t town)	,	11 days			ege Pa		OKAL ONG GIV	ie lieoresi	16
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			,	, , ,								ON A FAR
	Prince	George	s Geni	eral n				Fordh				
1	NAME OF DECEASED Type or print)		Hele	st 21)	Middle	An	ders on	4. DATE OF DEATH	Sent	nth	Doy	Year
s. s	EX	6. COLOR C	OR RACE	7. MARRIED	NEVER MARRIED	-	B. DATE OF BIRTH		AGE (In yeors	IF UNDER		IF UNDER 2
Pr	male	Whit		WIDOWED	DIVORCED		1 Jan 1882		last birthdoy) 85 yrs.	Months	Doys	Hours
100.	USUAL OCCUPATIO	N (Give kind of	f work done	10b. KI	ND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or fo		12. CI	ITIZEN OF V	WHAT
durii	Housewi !	Llife, even if re	tired)	OW	DUSTRY n home		New Yo		1/	4	DANIBAS Y	
_	FATHER'S NAME						14. MOTHER'S MAIDEN	NAME				-
		.Io	hn Wil	lson		Tight !	Elle	en R R	vnn			
15.	WAS DECEASED EV	ER IN U.S. ARM	ED FORCES?	16.	SOCIAL SECURITY NO.	17. 1	NFORMANT		Add	ress		
(Yes	s, no, or unknown)	(If yes give w	or or dotes o	f service)		H'r	ank G Ander	rean	College	Park	Md.	
-	10 614465 05 0	FARIL (C.)		1: (1 4 4	ann a maci	5011	COLLEGE			
	18. CAUSE OF L	ZIAN ZAW HT	ED RV.		(o), (b), ond (c).)							VAL BETWE
		IMMED	PIATE CAUSE	(a) Bila	iteral Mult	inle	pulmonary	embol	ism with			
	003.1		DUE	10		-						
	Conditions, if on	v. which gove			non own date		F 1-Fh		1 -1 -		1133	
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	stoting the und	erlying couse			taral plan	1	effusion, 1	000 -	- oach -	4.40		
	last.									ide.		
Z	PART II. OTHER S	IGNIFICANT CO	ONDITIONS CO	ONTRIBUTING 1	TO DEATH BUT NOT RELA	ATED TO 1	THE TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(o)		19. W	VAS AUTOPS ERFORMED
CERTIFICATION											YES	
윤	20o. ACCIDENT WA	AS UNDERLYING		20b. DE	SCRIBE HOW INJURY OC	CURRED.	(Enter noture of injury in	Port I or Por	t II of item 18.)			
E.	OR CONTRIBUTING						(,		,			
	(IF EITHER, NOTIFY			1 20 1 11	HILDY OCCUPATO	00 - DI M	CE OF INHURY (U	1 001	(Ch Ac)	16-		(5)
MEDICAL	20c. TIME OF IN.	IUKY Month, l .m.	Day, Teor	While	NJURY OCCURRED Not While		CE OF INJURY (Home, form ory, street, office bldg., etc.		(City or town)	((0	ounty)	(Sto
Σ	р	m.	19	ot wor				'				
	21. I cert	ify that (I)	(this hosy	pital) attend	ded the deceased	fram		1967,1			67, tha	t (I) (we
	saw the o	leceased al	ive_on	7-24	19.67,0	ind that	death accurred at	4:404	fram causes	and on t	he date	stated o
	220. SIGNATURE	M	00		1		1-1	/	- 1	22b. D	ATE SIGNED	
		O KIN	85 Ses	NN/	WAT	M.D	D. ATTENDING PHYS.	MED. DIRECTOR	PHYS.	7	・ とフ・	67
	22c. PHYSICIAN		2				22d. ADDRESS	11	1 11.1	n	11,	0.1
		1 14 . 1	/ 17 4	12.00	$M \cdot M \cdot$		2513 Bu	EKLOG	harkN.	114101	alle	144
	NAME (Type	11.7	· pla	wer,	Y . Y				4 - 100	1144/	7/	
230.	BURIAL, CREMATI	ON, 23	b. DATE THE		23c. NAME OF CEME	TERY OR (CATION (City or T	own)	(County)	(Stot
	BURIAL, CREMATI REMOVAL (Specif	ON, 23	b. DATE THE	REOF			CREMATORY	23d. LC	OCATION (City or T	,	,	(Stot
re	BURIAL, CREMATI	ON, 23 y) S		REOF	23c. NAME OF CEMBE Ft Linco ADDRESS		CREMATORY rematory	23d. LC	Mar Manc	or Pro	,	
ire	BURIAL, CREMATI REMOVAL (Specif emation FUNERAL DIRECT	ON, 23 y) S	b. DATE THE	REOF 1967	Ft Linco	ln Cı	rematory 250. REC	23d. LO Col D BY REGISTI	Mar Mana	or Pro	,	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Toneral director, page 3 should be detached for use as the burial-transit permit. Then please remove cabon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, or removal, and in any even, within 72 haurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aff Page 4 may be retained by the haspital or attending physician.

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remove carbon papers. Pages 1 and 2 in any event, within 72 hours offer death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12802

п			CERTIFICATE	OI DEAIII		
		PLACE OF DEATH		2. USUAL RESIDENCE (When	re deceased lived, if institution: Reside	nce before admission)
	0	COUNTY O CARGO	MARYLAND MARYLAND	o. State	b. COUNTY	
Н	h	CITY OR TOWN (If outside corporate limits.)	c. LENGTH OF STAY IN 1b	CITY OR TOWN (If outside	e corporote limits, write RURAL ond gir	George
		write RURAL and give nearest town)	C. CLIOIII OF STAT IN 10	C. CITI OK TOWN (III DOISIGN	e Corporore minis, withe KOKAL Olio gr	ve rieulesi lu lii)
		Hyattsville	170 Days		m	1611
	d	NAME OF HOSPITAL OR INSTITUTION (If not in h	ospitol, give street oddress)	d. STREET ADDRESS	1 11 00	e. IS RESIDENCE ON A FARM?
0		Hyottsulle Nux	Sing Home	6927 Y	ashuille Ku	YES NO
		VAME OF First	Middle	Lost 4.	DATE Month OF	Day Year
	(Type or print) VII a a d a	ene Ayetha Hh	ger man	DEATH See.	24 19:67
	S. S	EX 6. COLOR OR RACE 7. M	IARRIED NEVER MARRIED 8	B. (DATE OF BIRTH	9. AGE (In years IF UNDER	
1		F W WI	DOWED DIVORCED	3-8-9	4 lost birthdoy) Manths 7 3 yrs.	Doys Hours Min.
Л	10a.	USUAL OCCUPATION (Give kind of work dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Sto		ITIZEN OF WHAT
		ng mast afworking life, even if reticed)	INDUSTRY	11111	0	CHAITDY 2 A A
	10	Home maker		Washing	6h, U.C.	4.5.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1 01	())
		Wh. H. May	V	Laura	L. Cheher	in May
		WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Address	1. Lankan Rus
		s, no, ar unknawn) (If yes give war or dotes af ser % Name	(e) M	- Flinaly	MILLI CONTIN	ישייניונים ודו
	4	1B. CAUSE OF DEATH (Enter anly one cause per	line for (a) (b) and (c))	DIF HZaosi	1 Had 670 111	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	P. C. C.	0		ONSET AND DEATH
5		72 / IMMEDIATE CAUSE (o)	Thermany contra	Osn		
		DUE TO	E A D	. 1 01	1	
		Canditions, if any, which gove rise to immediate cause (o), (b)	Tracker of right	forest blace		
		stating the underlying couse DUE TO	0 2 1	//		
		last. (c)	agets deserve of	poo!		
	_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITI	ION GIVEN IN PART 1(a)	19. WAS AUTOPSY
2	CERTIFICATION		No. of Control of the Control of			PERFORMED?
1	5	20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in Part	Lar Part II of item 18)	
	EE	OR CONTRIBUTING CAUSE OF DEATH	200. DESCRIBE HOW INSORT OCCURRED.	current motore of impory in run	T di Fait ii di lieni 10.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Haur o.m.		TE OF INJURY (Home, farm, pry, street, office bldg., etc.)	20f. (City or town) (Co	aunty) (State)
	M	p.m. 19	of work at work	bry, street, office blug., etc.)		
	1	21. I certify that (I) (this haspital)	attended the deceased fram	24 July 196	7, to 24 fajot, 19	67, that (I) (we) last
		saw the deceased alive on 22	- sept. 1967, and that	death accorred at 11.	2 A M. fram causes and an	the date stated above.
		220. SIGNATURE			22b. [DATE SIGNED
		1/8/1/21	M.D	ATTENDING MET	ECTOR D STAFF D See	N24 1967
		22c. PHYSICIAN'S		22d ADDRESS	00 / 11	· · · · · ·
1		NAME (Type) A A RON 1)EITZ	(Juna Des.	Jeaga Ayallsh	elle, Ma
	236	BURIAL CREMATION, 236, DATE THEREOF	23c. NAME OF CEMETERY OR (REMATORY	23d. LOCATION (City of Jown)	(County) (Stote)
	204	REMOVAL (Specify)	161-1 10 6 10 1	Cemelines	2. Tablaine los	1000
	0.4	Burea Lips 41.	196/ Tyck Okek		DECISION OF ACCUSANCE	CICHATUDI
	24.	FUNERAL DIRECTOR	20 4. Carroll &	thu My RECD BY	REGISTRAR'S	SIGNATURE
	1	archur Wallers	upshire of	DATE SE	29 1967 yella	res Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in North funeral director, page 3 should be detached far use as the burial-transit permit. Then pleasy remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the deoth certificate be executed within 24 Page 4 may be retained by the hospital or ottending physicion. VR A15 (4) 25M 1/67

men materials incoming desire action restrict the property of the personal of Prince George - With Prince George Hyatisville 10 Phys Lannam Hyattsmile Mursing Homes 6927 Mashulle P. . . . Magdoles Art Abgerman Sep. 24 or Home maker

Washington, D.C.

White H. May

Laure L. Cheney Internal Mar. Elizabeth Leld 6937/Pal. IT. P. MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12803

	-10 0 O X	CERTIFICATE	OF DEATH	12000
1.	PLACE OF DEATH a. COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (Where deceased lived o. STATE Maryland	Prince George's
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Cheverly	c. LENGTH OF STAY IN 16 1 mo. 18 da		s, write RURAL and give neorest tawn)
L	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit Prince George's General		d. STREET ADDRESS 5404 Spring Lane	IS RESIDENCE ON A FARM? YES
3.	NAME OF First DECEASED (Type or print) Charles	Middle F.	tost 4. DATE OF DEATH	Month Doy Year Sept. 3 1967
5.	Male Cauc. WIDOW	ZED DIVORCED	9. AGE (last b 5-29-01 66	irthdoy) Months Days Hours Min.
du	o. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) Floor Layer FATHER'S NAME	b. KIND OF BUSINESS OR INDUSTRY OUSES	11. BIRTHPLACE (County & Stote, or foreign cou	12. CITIZEN OF WHAT COUNTRY?
	Charles Long		14. MOTHER'S MAIDEN NAME Grace Smith	
15	es no as unknown) (If we give war as dates of service)		nformant na M Baldwin Hyatt	sville, Md.
	1B. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (o), (b), and (c).) Archio Refin	ealory ares	INTERVAL BETWEEN ONSET AND DEATH
	rice to immediate course (a)	Recemonia	Bilatern de	Luse 5 was
	stoting the underlying couse (c)	astonitis Se	c Resedin La	mordator 6 wks
CERTIFICATION	PARTY OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS OF STREET	mord DVERTIE	whites 7 mor	75 YES NO DE
	(IT ETITIER, NOTIFT MEDICAL EXAMINER)		Enter noture af injury in Port I ar Part II af it	em IB.)
MEDICAL	Haur a.m. W p.m. 19 at	thile Nat While factor	E OF INJURY (Hame, form, ory, street, affice bldg., etc.)	
	21. I certify that (1) (this haspital) att		, 19, to	causes and on the date stoted above
	July N- Louis	energy. M.	PHYS. 💆 DIRECTOR 🔲 P	TAFF 22b. DATE SIGNED AND SIGNED 3-1967
	22c. PHYSICIANS NAME (Type) Dr. George S.			d Ave., Mt.Rainier,Md.
L	o. BURIAL, CREMATION, REMOVAL (Specify) Durial 23b. DATE THEREOF Sept 6, 196		Mechanis	sville St Marve Md
2	4. FUNERAL DIRECTOR F. Gasch's Sons	ADDRESS Hyattsville Md.		25b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death

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Or. George St Bathing, Jr. . . 3500 Photo Inland Ave. Mr. Sainise, Md.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

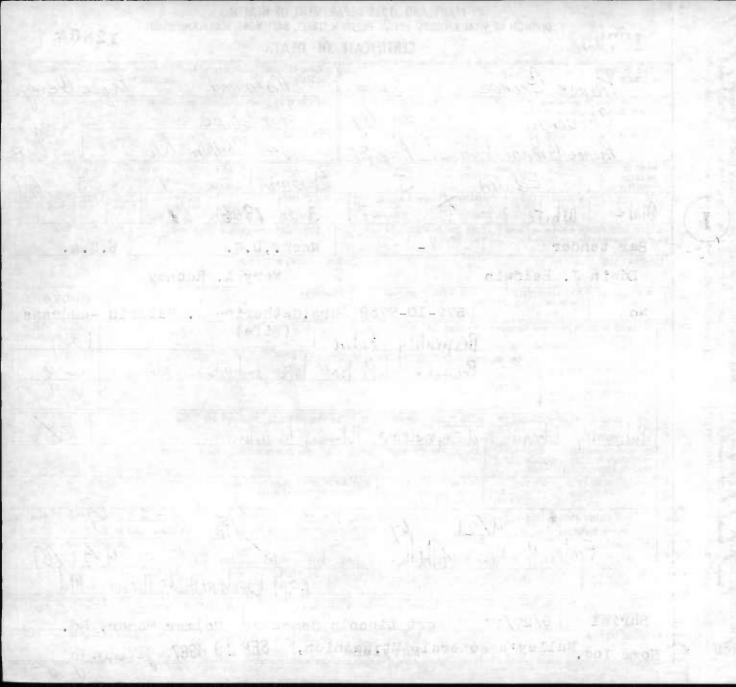
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1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	J
	a. COUNTY PRINCE GEORGE MARYLAND	a. STATE Maryland b. COUNTY Prince George	OP
	b. CITY DR TDWN (If autside carparate limits// c. LENGTH OF STAY IN 1b	c. CITY OR TDWN (If outside carparate limits, write RURAL and give nearest tawn)	
11	write RURA Cand give nearest town) 20 day	Huattsjulle 161	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS Out 1 e. IS RESIDENCE	ČĒ
		ON A FARM	1?
	TRINCE GEORGE GENERAL HOSPITAL	The state of the s	
3.	NAME OF PIEST Middle DECEASED	Blast A. DATE Manth Day Year OF	7
-	(Type ar print) Lawin J.	LOCOWIN DEATH / 20 19 6	
2.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24	Min.
	VILATE WIDOWED DIVORCED	3-25-1706 61 yrs.	
100	I. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Caunty & State, or fareign country) 12. CITIZEN OF WHAT	
001	ing most of working life, even if retired) Bar tender INDUSTRY	Wash., D.C. U.S.A.	
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Edwin J. Baldwin	Mary A. Rooney	
		INFORMANT Address above	
(4	es, na, ar unknawn) (If yes give war ar dates of service) 579–10–9739	Mrs.Catherine C. Baldwin -address	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	(Wife) INTERVALENCE	
	PART I. DEATH WAS CAUSED BY:	ONTEL AND DEAT	H
	1490 × IMMEDIATE CAUSE (a) THE STANDARD CONTRACTOR	11	
	Conditions if any which area >	une love and primmer odemy I day	
	rise ta immediate cause (a),	The Mark Mind formal formal	
10	stating the underlying cause		
		THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY	
NO	PART 4. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PERFORMED?	-
R		Imany the (1/1)	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING ☐ CAUSE OF DEATH). (Enter nature af injury in Part I' ar Part II af item 1B.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL		ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (Statectory, street, affice bldg., etc.)	e)
ME	Hour a.m. 19 While Nat While of wark at wark	ictory, sneet, diffice blogs, etc.)	
	21. I certify that (4) (this haspital) attended the deceased fram_	9-4, 196/e-ta 9-23, 1967, that (1) (we)	last
	saw the deceased alive an 4721 1967, and the	at death accurred at LEPM, fram causes and on the date stated at	bave.
	22g SIGNATURE	22b, DATE SIGNED	
	Tredering Henry Wilhelm m	A.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. D	
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME(Type)	1 6319 CANUO VETHINAU, Che VETT 1919.	
23	D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	R CREMATDRY 23d. LOCATION (City or Town) (County) (State)
	BUYIST 9/27/67 Fort Linco	In Cometery Colmar Manor, Md.	
2	FINERAL DIRECTOR ADDRESS	250 REC'IT RY DEGISTRAR 250 DEGISTRAP'S SIGNATURE	
	Home Inc. Nalley's Funeral Maktilen	nier, DATE SEP 29 1967 Oction of	
-			

nd 2 **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 Maurs ofter death. Page 4 may be retained by the haspital ar attending physician. remays varbon papers. Por TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Posseld be filed with the State Dept. af Health priar ta burial, cremation, ar remayal, and income event, within 72 hour VR A15 25M 1/



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

12805

I L		MILDICAL LAMINER 3	CERTIFICATE OF DEATH
PT.		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission)
	(. COUNTY	a. STATE b. COUNTY
		Prince George's MARYLAND CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b	Maryland Prince George's c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
99		write RURAL and give nearest town)	c. Cit ok lown (it autside carparate limits, write kukal and give nearest tawn)
		Cheverly DOA	Langley Park d. STREET ADDRESS e. IS RESIDENCE
00	(. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?
77		Prince George General Hospital	1418 University Blvd.
1	3 1	IAME OF First Middle	Last 4 DATE Manth Day Year
1		DECEASED	OF
^	S. 5	Type or print) Lawrence Edward	Barbee DEATH 9 8 19 67 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
13	3. :		lost birthday) Manths Days Hours Min.
		ale White WIDOWED DIVORCED	5-6-1911 56 YFS.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
	duri	ng most of working life, even if retired) Guard INDUSTRY Dept Store	Virginia U ^{OUNTRY?}
		FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Lewis Edward Barbee	Geneva Cockrill
	15		INFORMANT Address
	(Ye	, no, or unknawn) (If yes give war ar dates of service)	
			ellie G Barbee Adelphi, Md
		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN
5		IMMEDIATE CAUSE (a) Heart failure	ONSET AND DEATH minutes
n any event within 72 haurs after death		743 X DUE TO Hypertensive cardi	lo vascular disease over 1 yr.
5		Conditions, if any, which gove) (h)	
		nse to immediate cause (a), stoting the underlying cause DUE TO	
		last. (c)	
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY
2	NO	TAKE II. OTHER STORMERS COMPUTED STORMERS TO LIKE STORMERS TO	PERFORMED?
	3	20- EVERNAL CALLER WAS	YES NO 5
0	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	(Enter nature of injury in Port I or Port II of item 18.)
501		CAUSE OF DEATH.	
	MEDICAL		ACE OF INJURY (Hame, farm, 20f. (City at tawn) (Caunty) (State)
24	W.	Haur a.m. p.m. 19 While at wark at work	iory, street, diffice blug, etc.)
		21. I certify that I took charge af the remains described abaye, he	eld an Autopsy 🗐 , Inspection 🔀 , Inquiry 🔀 , and in my apinic
10			cide , Hamicide . Undetermined manner
		deom resolved train: Maioral causes & Actaem 5000	CHIEF MEDICAL EXAMINER
		ACTUAL // /	22 DATE SIGNED
		SIGNATURE ATTA	M.D. ASSISTANT MEDICAL EXAMINER L
21		EXAMINER'S NAME (Type) John Kahoe, M.D. Riverdale, Mc	DEPUTY MEDICAL EXAMINER X 9-9-67
			Address (Sheet, thy, town, at tourny)
	23a	BURIAL, CREMATION, 23k DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify) Sept 13, 1967 Baltimore Na	23d. LOCATION (City or Town) (County) (State)
]	Burial Specify) Sept 13, 1967 Baltimore Na	
2	24.	FUNERAL DIRECTOR ADDRESS	250. RECU BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Ko		F. Gasch's Sons Hyattsville, Md.	DATES FP 14 1961 4 CONTROL AND A STATE OF THE STATE OF TH

POSE COMPANY OF STREET

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12797

CERTIFICATE OF DEATH

12806

		- 10 0 al 6		CERTIFICATE	OI DEATH		2000
1		PLACE OF DEATH				Where deceased lived, if institution: Resid	ence before odmission)
	a	PRINCE	GEORGES	MARYLAND	O. STATE VTRGTNTA	b. COUNTY	REAX
	b	. CITY OR TOWN (If out	side corparate limits.	c. LENGTH OF STAY IN 16		tside carparate limits, write RURAL and g	ive nearest town)
M		write RURAL and give			FALLS CHU	IDCH	23-3
5	d			hospital, give street address)	d. STREET ADDRESS	UIV-II	e. IS RESIDENCE
		IISAF HO	SPITAL AN	IDREWS	7708 RANI	DOM RIIN I.A APT	ON A FARM? YES NO
		NAME OF	Firsh	Middle	Lost	4. DATE Month	Doy Year
	0	DECEASED Type or print)	1Nfa	NY -	BISHOP	OF SEPT	14 1967
	S. S		OLOR OR RACE 7.1	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS
	T	FEMALE	CAU W	VIDOWED DIVORCED	14 67	last birthday) Months yrs.	Days Hourg Min
	10a.	USUAL OCCUPATION (Give	e kind af wark dane	10b. KIND OF BUSINESS OR		& Stote, ar fareign cauntry) 12.	CITIZEN OF WHAT
	durin	ng most of working life, e NA	ven if retired)	INDUSTRY	PRINGE GI	EORGES	COUNTRY? USA.
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN N		
	F	BOYD W. B	ISHOP		TOBY FRAM	NCES KESSLER	
	15	WAS DECEASED EVER IN I		16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
		NO	NA	NA F	ATHER	SAME AS #2	
				er line far (a), (b), and (c).)	0	0 0	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSE (a) _	Kespurato	my + Car	deac Tress	UNSET AND DEATH
		1735	DUE TO	Doch -	72 +		01/2
		Canditians, if ony, which		a coppidato	y bustil	is syndlow	e 0/7/0.
		stating the underlying	, , , DIIE TO	The way	1. 1.		10 4600
		last.	(c) _	// ma	recepy		101113
	N	PART II. OTHER SIGNIFICA	CANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART !(o)	19. WAS AUTOPSY PERFORMED?
1	CERTIFICATION				N. Committee of the com		YES NO
	RIFIC	20o. ACCIDENT WAS UND OR CONTRIBUTING □ CA		20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury to I	Part t ar Part II of item 1B.)	
	E	(IF EITHER, NOTIFY MEDIC	CAL EXAMINER)				
	MEDICAL	20c. TIME OF INJURY I	Nonth, Day, Year		CE OF INJURY (Home, form		Caunty) (State)
	W	p.m.	19	at work at wark	12/6	Y - 11/C	/
			111	I) attended the deceased fram_	14 xgn, 1		6 that (I) (we) last
		saw the decea	sed alive an	196), ond tha	t death atcurred at	8:51M, from causes and on	
		22a. SIGNATURE	6.0	X (10	ATTENDING	MED. STAFF	DATE SIGNED
		22c. PHYSICIAN'S	euch	- I the M.		SAF Hospital An	dnoubb
1			RRICK J.	COMEN, CAPT USA		ndrews AFB, Was	
	220	. BURIAL, CREMATION,		11	- A	23d. LOCATION (City or Town)	(Caunty) (State)
	230	REMOVAL (Specify)	236 PATE THEREO	AHLINGTE	n Notiona	1 250. LOCATION (CITY OF TOWN)	Vaton Va
	24	FUNERAL DIRECTOR	^	ADDRESS A		D BY REGISTRAR 256 REGISTRAR"	SIGNATURE ()
	1	N.W. Chan	bets W. INC	- 3072- M3 + M		SEP 2 1 1967 /	ares Just

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any every withing 72 hours often death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Poge 4 moy be retoined by the hospitol or ottending physicion. VR A15 (4) 25M 1/67

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Me that the firm that the THE PARTY OF THE P

HET PROPERTY

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

- 22		12798 CERTIFICA	TE OF DEATH	12807
that the death certificate be executed within 24 hours ofter death. on. by the ottending physician oxed campletely filled in by the further fronsit permit. Then please remove ration papers. Pages Lond 2 trematian, or removal, and in any event, within 72 hours after death	1 3 .	PLACE OF DEATH D. COUNTY PRINCE GEORGE MARYLAND D. CITY OR TOWN (If outside corporate limits, write RURAL orld give nearest town) A. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) NAME OF First NAME OF First Middle DICEASED Type or print) SEX 6. COLOR OR RACE 7. MARRIED DIVORCED DIVORCED	2. USUAL RESIDENCE (Where deceosed lived, o. STATE c. CITY OR TOWN (If outside corporate limits, d. STREET ADDRESS Lost 4. DATE OF DEATH 9. AGE (In 1851 bir	if institution: Residence before odmission) b. COUNTY write RURAL ond give neorest town) e. IS RESIDENCE ON A FARM? YES NO Month Doy Year years IF UNDER 1 YEAR IF UNDER 24 HRS. Hdoy) Months Doys Hours Min. yrs.
e death certificate be otherwise of the	dur	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) FATHER'S NAME Richard Bivins	11. BIRTHPLACE (County & Stote, or foreign coun Maryland 14. MOTHER'S MAIDEN NAME Martha Hemsley	12. CITIZEN OF WHAT COUNTRY?
ottending permit. T ian, or rem	1S. (Ye	was Deceased ever IN U.S. ARMED FORCES? s, no or unknown) (If yes give wor or dotes of service) 218-12-9417	7. INFORMANT June Cooper -La P.	lata , Md. (Daught
e law requires that the death certifiteding physicion. So been signed by the ottending phy as the buriol-tronsit permit. Then prior to burial, crematian, or removol		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove nise to immediate couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	Heart Failure otic Heart Disease CONDITION CIVEN IN DAD	INTERVAL BETWEEN ONSET AND DEATH
ICIAN: The pital or of trificote had for use of Health	A CERTIFICATION		ED. (Enter noture of injury in Port 1 or Port II of iter	PERFORMED? YES NO
retoined by th ECTOR: After th 3 should be de with the Stote	MEDICAL	Hour o.m. p.m. 19 While of work of work 21	hat death accurred at 1135M, fram	7 - 25, 1967, that (I) (we) last causes and an the date stated abave.
Moy Mal	236	22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	u U	yland
Poge 4 1 TO FUNE director		Burial 9/28/1967 Sacred He	art Cemetery La Pl	ata , Md.
VR A15 (4) 25M 1/67		rehart Funeral Home, IncLa Pla	250. REC'D BY REGISTRAR ta, Md. DATES FP 29 1967	25b. REGISTRAR'S SIGNATURE ACharles Quides

of Lyre , northern sie A COUNTY TO BE THE TERMENT OF THE PARTY OF T

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12799 FOR STATE HEALTH DEPT.

TO FUNERAL DIRECTOR: Page 3 should be used as burial-transit permit. File pages 1 oper with the State Department of

PHealth prior to buriol, cremation, or removol, and in any event within 72 hours ofter/death. 5 may be retoined for your files.

the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with form necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

VR A15ME 6M 1/67

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12808

1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (When	e deceased lived, if institution: Res	idence before odmission)
Prince George's	MARYLAND	Maryland		George's
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		e carparate limits, write RURAL and	give nearest town)
Cheverly	DOA	Hillcrest He	ai ght g	1601
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, g		d. STREET ADDRESS	- I gill La	e. IS RESIDENCE
a. Think of the second of the heat we heat had	770 311001 00010337			ON A FARM?
Prince George General Host	nital	2109 Iverson	Street	YES NO S
3. NAME OF First	Middle	Lost 4.	DATE Month	Doy Year
(Type or print) Reuben	Augustus B	oglev Jr.	OF DEATH 9	26 19 67
		B. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.
WIDOWED	DIVORCED		lost birthday) Month	ns Doys Hours Min.
Mare Wille		10-12-1903	63 yrs.	0717511 05 14/417
	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Stote or f	oreign country) 12	CITIZEN OF WHAT COUNTRY?
Hotel Administration	DOJIKI	Washington	D. C.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Reuben A. Bogley Sr.		Sallye C.	Haas	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, or unknown) (If yes give wor or dotes of service)	W.	N D	0 4 10	AND ELVIOLED IN
No		rgaret N. Bogl	ey Same As #2	
1B. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:	(o), (b), ond (c).)			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o) Gun	shot wound of	head		ONSET AND DEATH
976X DUE TO				
(b)				
nise to immediate couse (a), (
storing the underlying couse				
last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
ATIO				YES NO X
2Do. EXTERNAL CAUSE WAS 20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part	Lor Port II of item 18.)	
PRIMARY A or CONTRIBUTING				
CAUSE OF DEATH.	hot self at ho		1 005 (6)	(C
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. While	JURY OCCURRED 20e. PLA	(CE OF INJURY (Home, farm,	20f. (City or town)	(County) (Stote)
7:30pm p.m. 9-26- 1967 of work	Not While Base	ment of home	Same as #2	
21. I certify that I tack charge af the rem	rains described above ho		nspection 🔀 Inquiry 🖸	ond in my opinion
death resulted fram: Natural causes		cide X, Hamicide	Undetermined manner	ar ond in my opinion
death leanted traffic Maintal carses [MANUELL , SUI			
ACTUAL A IN	V	CHIEF MEDICAL EXA		22. DATE SIGNED
SIGNATURE	,	M.D. ASSISTANT MEDICAL		ZZ. DATE SIGNED
EXAMINER'S John Kehoe, M.D.	Riverdale, Md.	DEPUTY MFDICAL EX	(AMINER 🔀	9-27-67
NAME (Type)	introducto, inte	Address (Street, cit	y, town, or county)	1-21-01
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
Burial 9/29/67	Cedar Hill	Cemetery	Suitland, Princ	ce Georges, Md.
24. FUNERAL DIRECTOR Robert E. Wilhelm		2So. REC'D BY	REGISTRAR256. REGISTRAT	ESIGNAUPE LEAGUE
4308 Suitland Road, Suitla	and, Maryland	DATE SE	129 1301	0
TOO DOLLER MORE TO THE				

production of the contract of

Notes Administration Particular

deuben A. Degley Sr. Sailys C. Mans

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Directions was detailed to the contract of the

urial 9/29/67 Secan Lill Genetary Buitland, Frings Secrets, Chert J. Wilnelm Yuskrai Home 2008 Such and Sond, outlied, Earlied

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Poge 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by director, page 3 should be detached far use os the buriol-tronsit permit. Then please remaye corbangapers. Permit should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hou

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MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS

12200

. CITY OR TOWN (I	GEORGES f outside corporate limits				2. USUAL RESID	DENCE (W	here deceas	ed lived, if inst	titutian: Resid		e odmissi	on)
CHEVER	f outside corporate limits		MARYLA	AND	o. STATE	RYLA	ND		PRINC	ES G		
	give nearest tawn)		c. LENGTH OF STAY IN	16	c. CITY OR TOW		tside carpara		RURAL and g	ive neares	t tawn)	-/
. NAME OF HOSPITA	AL OR INSTITUTION (If na	t in haspital, g	ive street address)		d. STREET ADDR	RESS					e IS RESI	DENCE
PRINCES	GEORGES GEN	ERAL H	OSPITAL		821 58t	th A	VENUE	-			ON A F	NO X
AME OF ECEASED Type or print)	Fire MINNIE	M _•	Middle BOSWELL		Last		4. DATE OF DEATH	SEPTEM	Nanth IBER	15	Ye	67
EMALE	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED					last birthday) Manths	R 1 YEAR Days	Hours	R 24 HRS. Min.
USUAL OCCUPATION Ig most of working I HOUSEW	(Give kind af wark dane ite eyen if retired)						& State, ar fa	reign country)				A
			18.5-11		14. MOTHER'S M							N.
WAS DECEASED EVE , na , or unknawn) NO	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	service)	SOCIAL SECURITY NO.			BOS	WELL	2824 FO	ddresKENI REST I	VIL		Md
Conditions, if any, rise to immediate stoting the under last.	which gave e cause (a). Ying cause	(c)	Vocal	la	der	re	Com	dir -	w	10	ye	oz
20o. ACCIDENT WAS	UNDERLYING									1	PERFORM	NO
(IF EITHER, NOTIFY I 20c. TIME OF INJU Haur a.m	RY Month, Day, Yeor	While	Nat While					(City ar tawn) (0	.aunty)		(State)
21. I certify that (I) (this haspital) attended the deceased fram # 13065, 19 ta 1/5, 196 / that (I) (we) last												
William Decruy, M.D. PHYS. DIRECTOR PHYS. 9/1									DATE SIGN	ED /	,)	
22c. PHYSICIAN'S NAME (Type)	WM E	BRA	NIN		61 V	Y C	mh	uf Av	e, Co	Artr	PH	De
								' '		, ,	.//,	State)
	EMALE USUAL OCCUPATION IG most of working of HOUSEW FATHER'S NAME UNKNOWN WAS DECEASED EVE, ng, or unknown) IB. CAUSE OF DE PART I. DEAT HOUSEW Conditions, if any, rise to immediate stoting the under lost. PART II. OTHER SIGN 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 201. I certificate the control of INJUMENT CONTROL OF INJUNE CONTROL OF INJUMENT CONTROL OF INJUMENT CONTROL OF INJUNE CONT	USUAL OCCUPATION (Give kind of work dane in most of working life eyen if retired) HOUSEWIFE FATHER'S NAME UNKNOWN SAGER WAS DECEASED EVER IN U.S. ARMED FORCES? And, or unknown) (If yes give wor or dotes of NO 1B. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: HOW HAVE DEATH WAS CAUSED BY: HOUSEWIFE WAS DECEASED EVER IN U.S. ARMED FORCES? And, or unknown) (If yes give wor or dotes of NO 1B. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: HOUSEWIFE DUE Conditions, if any, which gave possible to immediate cause (a). Stoting the underlying cause lost. 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DATE THEREOF 23c. NAME OF CEMET 221. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET 221. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 25c. NAME OF CEMET 25c. NAME OF	USUAL OCCUPATION (Give kind of work done groups of working life even if retired) ISUAL OCCUPATION (Give kind of work done groups of working life even if retired) IOD. KIND OF BUSINESS OR INDUSTRY INDUSTRY INDUSTRY INDUSTRY INDUSTRY INDUSTRY IOD. SAGER WAS DECEASED EVER IN U.S. ARMED FORCES? And, or unknown) If yes give wor or dotes of service) IOD. BEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). Stoting the underlying cause (b) Stoting the underlying cause (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. 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DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of item 18.) (ICAUSTRY MEDICAL EXAMBEE) 201. TERMINAL CENTRY MEDICAL EXAMBEE 202. TIME OF INJURY Month, Day, Yeor Hour am. 19 203. LORDING PHYS OR CENTRY OR CENTRY 204. ADDRESS NAME (Type) M. D. PHYS ON THE ORDINAL CENTRY 205. DATE FIGURE OR CENTRY PART II. CENTRY YEOR OR CENTRY 206. CONTRIBUTION 205. DATE FIGURE OR CENTRY 207. ADDRESS NAME (Type) NAME (Type) PART II. CENTRY 208. DATE FIGURE OR CENTRY 209. DATE FIGURE OR CENTRY 201. CENTRY OR TOWN) COUNTY 100 101 102 103 104 105 107 105 107 107 107 107 107	EMALE White widows I Divorced OCTOBER 17, 1886 80 yris birthdoy) Months Days Hours USUAL OCCUPATION (Give kind of work done and moderate of the process of t

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF WITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12810

pup funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COLINTY b. COUNTY by the Pages after b. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) MARYLAND Maryland Prince Ceorges
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) x days papers. e. IS RESIDENCE ON A FARM? Filled = Prince Georges Courses Ceneral Hospital YES NO 3 Box 333 3. NAME OF 4. DATE Manth Day certeen DECEASED (Type or print) 6. COLOR OR RACE 7 MADDI 9. AGE (In years I THUNDER I YEAR DEATH S. SEX 7. MARRIED IF LINDER **NEVER MARRIED** lost birthday) Months Days Haurs remov Negro WIDOWED T in any DIVORCED To a USUAL OCCUPATION (Give kind of work done and 18 Aug 1825 1 82) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** and ouse wife George Co. Ille 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remova 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war ar dates af service Same 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN signed by the burial-transit burial, cremati ONSE AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse by the haspital ar attending SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Health p 10 FUNERAL DIRECTOR: After this certificate YES [NO far 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) detached fr OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year (City ar tawn) (County) (State) foctory, street, office bldg., etc.) Nat While of work 21. I certify that (# (this haspital) attended the deceased fram Page 4 may be retained saw the deceased alive an and that death accurred 24 M. fram causes and an the date stated above. 22a. SIGNATURE/ ATTENDING director, page 3 shauld be filed w M.D. PHYS DIRECTOR PHYS 22c. PHYSICIAN'S **ADDRESS** NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Spenty) 2Sa. REC'D BY REGISTRAR DAT DCT 2 EUNERAL DIRECTOR VR A15 (4) 25M 1/67

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEAT	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
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1											
Ī	PLACE OF DEATH					o STATE	Where deceased lived, if	COLINITY			
		Prince Geor		MARYLA		Md.		Pri	nce George		
		(If outside corporate liming give_neorest town)	its,	c. LENGTH OF STAY IN	ib	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	Che	verly		17 days		La	urel	16.1	/ 10 80 1		
	d. NAME OF HOSPI	TAL OR INSTITUTION (If n	not in hospitol, ç	give street oddress)		d. STREET ADDRESS		,	e. IS RESIDENCE ON A FARM?		
	Prince	George Hos	pital			9017 Con	tee Rd.		YES NO X		
3	NAME OF DECEASED	F	First	Middle		Lost	4. DATE OF	Month	Doy Year		
-	(Type or print)		dwin	Allen		Brazelton	DEATH	9	2 19 67		
3	S. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		av 18 19	9. AGE (In y lost birth	eors IF UNDER doy) Months	Doys Hours Min.		
	Oo. USUAL OCCUPATIO uring most of working	N (Give kind of work done g life, even if retired)		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (Stote		12. CIT CO	UNTRY?		
Ī	3. FATHER'S NAME	11.1 - 11.				14. MOTHER'S MAIDEN					
	DON HE	ENRY BRA	ISEPIO	N		CHRISTO	BEL Mck	MIGHT			
	S. WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16.	SOCIAL SECURITY NO.		NFORMANT	_	Address			
L	(703,110, 01 0110110411)	(II yes give wor or doles	01 3011110)		ME	GEORGE G	- BRAZELIC	M, COLUI	MBIA, TENN.		
Г		DEATH (Enter only one co	ouse per line for	(o), (b), ond (c).)					INTERVAL BETWEEN		
	PAKI I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE	E (o)	Gunshot wo	und	of head			ONSET AND DEATH CAVS		
	981X		E TO						100		
	Conditions, if ony	te couse (n)	(b)								
ı	stating the unde		E TO								
	lost.	,	(c)								
CEDTICICATION	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING T	TO DEATH BUT NOT RELAT	IED TO 1	HE TERMINAL DISEASE COI	NDITION GIVEN IN PART	1(0)	19. WAS AUTOPSY PERFORMED? YES NO		
CDTICK	200. EXTERNAL CO		20b. DE	SCRIBE HOW INJURY OCCU	URRED.	Enter noture of injury in	Port 1 or Port 11 of item	1B.)			
		HIPM At at D. V.	201 1	Shot duri:	ng a	ltercation E OF INJURY (Home, form	n. 20f. (City or to	(Co.	anty) (Stote)		
NGD E	20c. TIME OF INJ Hour o.	JURY Month, Doy, Yeor .m.	While	Not While	focto	ory, street, office bldg., etc.			anty) (Stote)		
1	7.45 am	m. 8 16 19		k ot work	Bec	room of hor	ne Same				
ı				mains described abo				Inquiry ,	and in my opinian		
	death resul	Ited fram: Natur	ral couses	, Accident	Suici			ed manner			
	ACTUAL	110	Van	Met	>-	CHIEF MEDICAL			22. DATE SIGNED		
	SIGNATURE	un	100)	1		m.b.	AL EXAMINER AL		15174		
	NAME (Type)	John I	Kehoe, 1	M.D., River	dale	Md Address (Street	t, city, town, or county)		9-3-67		
	30. BURIAL, CREMATI	19/6	11967		lal it	, CEMETERY	23d. LOCATION (City HUNTSV)		(County) (State)		
	24. FUNERAL DIRECTO	OR William	m. Mys	end ADDRESS WA	HZA	, D, C . 250. RECT	D BY REGISTRAR	Sb. REGISTRAR'S S	IGNATURE		
				300-N ST.			P 5 196/	- Town			

VR A15ME (5) 6M 1/67

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page

Health prior to buriol, crematian, or removal, and in any event within 72 hours after death 5 may be retained for your files.

10 FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

necessory, please execute the certificate, writing the word "pending"

ad within 24 hours after deoth. If any deloy is in pencil in Item 18. Give Pages 1, 2, and 3 to

with the Stote Deportment of

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

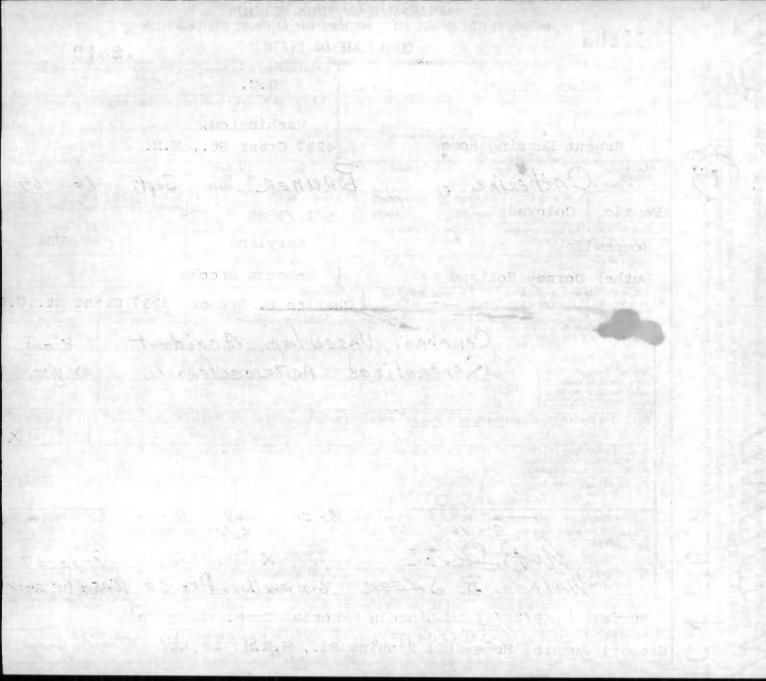
CED	TIPLE	TE	OF	DEATH
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				3.40)] ()				
1. PLACE OF DEATH	2	USUAL RESIDENCE (V			nce befare admissi	on)			
o. COUNTY PRINCE GEORGE'S MAR	RYLAND	o. STATE D.C	•	b. COUNTY		1			
b. CITY OR TOWN (If autside corporate limits. C. LENGTH OF STAY		. CITY OR TOWN (If ou	tside carparate limits, w	rite RURAL and giv	ve nearest tawn)				
write RURAL and give negrest town)					47	- 2			
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)		Washin B. STREET ADDRESS	gron,		e. IS RESI	DENCE			
Regent Nursing Home		237 Gran	t St., N	.E.	ON A F	ON A FARM?			
3. NAME OF A First Middle					YES	NO L			
(Type or print) CAtherine	DA	CUNER	4. DATE OF DEATH	Month ept.	16 19 s	67			
S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIE	IED 8. [DATE OF BIRTH	9. AGE (In)	ears IF UNDER		R 24 HRS.			
Female Colored WIDOWED DIVORCE		/16/1888			Days Haurs	Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) HOUSEWIIE INDUSTRY		11. BIRTHPLACE (County & Maryla		y) 12. CC	DUNTRY? USA	A			
13. FATHER'S NAME	1/	4. MOTHER'S MAIDEN N							
Luther Dorsey Holland	32 456	Rebecca	Brooks						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service)		ormant arles D.	Bruner	Address 4237 Gr	ant St	. N .			
	CIIc	illes D.	DI dilei	7237 GI	ane be	,			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	11	1	1 1	1	INTERVAL BET				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRA!	VASC	4/AR	Hoord	ent	ONSET AND I	PEAIH PS			
33/A DUE TO	1		1						
Canditions, if any, which gave) (b) Chere 1/2	zed	ARTERIC	scleros	15	10 VRS	5,			
rise to immediate cause (a), stoting the underlying cause									
last. (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE	TERMINAL DISEASE CON	DITION GIVEN IN PART	1(a)	19. WAS AUT	OPSY			
——————————————————————————————————————					PERFORM YES T	NO X			
20o. ACCIDENT WAS UNDERLYING \(\) 20b. DESCRIBE HOW INJURY (OCCUPPED /Fnt	ter nature of injury in F	Part 1 or Part II of item	1R \	1 10 []	NO M			
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	VELUNALD. (LIII	or motors of injury in t	OUT OF TOTAL OF HERE	10.)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e. PLACE (OF INJURY (Hame, farm,	, 20f. (City or to	own) (Co	unty)	(State)			
Haur a.m. While Not While		street, office bldg., etc.)							
21. I certify that (I) (this hospital) attended the deceased	d fram	- 3/ 10	967 to 9-	- 16 , 196	67 that (1) 1	um\ l==1			
		eath accurred at	0 3 0 M from 10	uses and an t	he date states	habaye			
22a. SIGNATURE			m, nam co		ATE SIGNED	dbuve.			
M.D. ATTENDING MED. STAFF PHYS. \square 9-1									
22c. PHYSICIAN'S NAME (Type) WALTER B. SHEE.	R	6400 MARIB	ORO PIKE		shoc:	20028			
	n Memo	orial Cen	_	y or Town) land	(County) (S	itate)			
24. FUNERAL DIRECTOR STEWN / SILLIA ADDRESS / Stewart Funeral Home-4001 Benn	4.	2Sa. REC'D	BY PEGISTRAR	Sb. REGISTRAR'S	SIGNATURE				
Stewart Funeral Home-4001 Benn	ling Ro	d., NES	EL TA 120	1 your	was Jus	ye			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after deoth. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion ond completely tyled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon proofs. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 2 hours after

> VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12804

CERTIFICATE OF DEATH

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	PLACE OF DEATH				,	nere deceased lived, if in	stitution: Resider	nce before odmission	n)		
1	o. COUNTY PRIN	CE GEORGE	MARYL	O. STATE	Maryl	land b.	COUNTY Pri	nce Georg	ge		
	b. CITY OR TOWN (If o	outside corporate limits,	c. LENGTH OF STAY IN	1b c. CITY OR	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	write RURAL ond g		14 Years		Colle	ege Park		16.	/		
			hospitol, give street oddress)	d. STREET				e. IS RESIDE	ENCE		
		h Place			9521 49thP1 ON A FARM? YES NO						
	NAME OF DECEASED (Type or print)	William	E. Middle	Bussan		4. DATE OF Ser	otember	17	7		
S.	Male 6	0	MARRIED NEVER MARRIED VIDOWED DIVORCED	8. DATE OF B	1814 18 , 191 0	9. AGE (In year	ors IF UNDER by) Months yrs.	Doys Hours	Min.		
10c dur	o. USUAL OCCUPATION (Gring most of working life	even if retired)	10b. KIND OF BUSINESS OR U.S. Govit		LACE (County &	Stote, or foreign country)		TIZEN OF WHAT DUNTRY? USA			
13.	FATHER'S NAME			14. MOTHE	R'S MAIDEN NA	ME					
	William :	Bussan		Care	line S	chnerre					
	. WAS DECEASED EVER I	N U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			Address				
(1)	NO	yes give wor or dotes of ser	328-16-7078	Resetta	Bussan	Wife	Same as	#2			
			er line for (o), (b), ond (c).)					INTERVAL BETV	VEEN		
	PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE (o) _	Rheumatic hea	rt diseas	e			onset and de 20 year	S		
	416 X	DUE TO									
	Conditions, if ony, w								17		
	rise to immediate couse (a), stating the underlying couse DUE TO										
	lost. (c)										
NO	PART II. OTHER SIGN	IFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE COND	ITION GIVEN IN PART 1(0)	19. WAS AUTO PERFORME			
CATI	none							YES N	NO X		
L CERTIFICATION	200. ACCIDENT WAS UP OR CONTRIBUTING ☐ (IF EITHER, NOTIFY ME	CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCC	URRED. (Enter noture	of injury in Po	ort I or Port II of item 1	8.)				
MEDICAL	20c. TIME OF INJURY Hour o.m.	Month, Doy, Yeor		Oe. PLACE OF INJURY foctory, street, off		20f. (City or tow	n) (Co	unty) (S	itote)		
ME	p.m.	19	While Not While of work	lociory, sireer, orr	ice bidg., etc.)						
	21. I certify	that (I) (this hospita	Kottended the deceosed fi	om_Octobe	er 14 19	66_, to Sept.	29, 196	7, that (I) 🔀	lost		
		eased alive on Ser	tember 28 1967	nd that death oc	curred at]	L:50 M Mom cau			abave.		
	220. SIGNATURE ATTENDING MED STAFF 22b. DATE SIC										
	oo pinteletanie	// allem	Mulh	M.D. PHYS.		IRECTOR L PHYS.	□Sept	ember30	, 196		
	22c. PHYSICIAN'S NAME (Type)	Villiam B.	Gunther, M.D.			ood Rd. C	ollege	Park, M	d.		
230	o. BURIAL, CREMATION,	23b. DATE THEREO	F 23c. NAME OF CEMET	ERY OR CREMATORY		23d. LOCATION (City	or Town)		ote)		
	REMOVAL (Specify)	2 10−3−		EAVEN CEM		SILVER S		MARYL	AND		
24	4. FUNERAL DIRECTOR		ADDRESS HYATTSVILLE, M	A TOWN A NOT	2So. REC'D	BY REGISTRAR 25	b. REGISTRAR'S	SIGNATURE	4		
	GASCH S										

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely the in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remane cathon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		25000	CERTIFICA	ATE OF DEATH		12814
		PLACE OF DEATH Prince George	Zeg MARYLAND	a. STATE	Where deceased lived, if institution b. COU	tion: Residence before admission)
	Ь	o. CITY OR TOWN (If outside carparate Hmits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16 44 days	c. CITY OR TOWN (If or East Rin	utside carparate limits, write RU	RAL ond give neorest town)
0	0	I. NAME OF HOSPITAL OR INSTITUTION (If not in hos Magnalia Gardly	. 19	d. STREET ADDRESS	idison St.	e IS RESIDENCE ON A FARM? YES NO
	- (NAME OF DECEASED Type or print) Florence	Middle [BUTLER	4. DATE Man OF DEATH	
1	S. S	F W WIDO	RRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 7-10-188	9. AGE (In years last irthday) yrs.	Manths Days Haurs Min.
	durii	ng mast af working life, even if retired) Housewife	Ob. KIND OF BUSINESS OR INDUSTRY own home	Washir	& State, ar fareign country) ngton D C	12. CITIZEN OF WHAT COUNTRY?
		FATHER'S NAME Henry Degges		14. MOTHER'S MAIDEN	NAME ?	
	1S. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? is, na, ar unknawn) (If yes give war ar dates of service NO	16. SOCIAL SECURITY NO. 579 16 1601	Florence M I	Dennis Eas	t Riverdale, Md.
		1B. CAUSE OF DEATH (Enter only one cause per lime PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), stoting the underlying cause lost.	Cardiae arr		scular disea	INTERVAL BETWEEN ONSET AND DEATH
2	CERTIFICATION		lerotie diseas	2 (2) Recent	Thrombopklebii	tight leg 19. WAS AUTOPSY PERFORMED? YES NO IT
		20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature af injury in	Part I ar Part II af item 1B.)	
	MEDICAL	Hour 'o.m. p.m. 19	While Nat While at wark	PLACE OF INJURY (Hame, farn factary, street, office bldg., etc.		(Caunty) (State)
			ottended the deceased fran - 23 1967, and	$8 - 10^{-}$, 1 that death occurred at	9.67 , ta 9-2 759 A M, from causes	3, 196Z, that (I) (we) last and on the dote stated above
		220. SIGNATURE	Auch'	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 9-23-67
		22c. PHYSICIAN'S NAME (Type) R.U. FRA	NCHI , MD		'nn's Lane	Lambam, Mid
		BURIAL (REMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF Sept 26, 19		National	23d. LOCATION (City or To Arlington	Virginia
	24.	F. Gasch's Sons	ADDRESS Hyattsville, Md			EGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reprove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12815

uneral l and er deat			PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY
s. Pages 1 hours after		ł	Prince George's MARYLAND b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b	Maryland Prince George's c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
by t Pa			write RURAL and give nearest tawn) Cheverly	885***********************************
	7,,	(d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET-ADDRESS e. IS RESIDENCE ON A FARM?
ely filled in san paper within 72	74	2 .	Prince George's General Hospital	7402 Farmcrest Dr. YES NO
Se et		-	(Last 4. DATE Month Day Year OF DEATH SUPT 3 1967
emave comp)	S. S	///	B. DATE OF BIRTH Procel 29, 1930 9. AGE (In years list UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min. Yrs.
		duri	USUAL OCCUPATION (Give kind of work dane ing mast of working life, even if retired) SALES INDUSTRY TIRE CO	11. BIRTHPLACE (Caunty & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA
		13.	FATHER'S NAME Callaway	14. MOTHER'S MAIDEN NAME Maggie underwood
an. by the attending phys transit permit. Then p crematian, ar remaval,		1S. (Ye:	1 1 100	informant Callaway Carrollton nd.
an. by the a transit pe crematia			1B. CAUSE OF DEATH (Enter only one cause per line (or (a) (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Survivory Roberts	na ord shock INTERVAL BETWEEN ONSET AND DEATH
pnysician signed br burial-tro burial, cr			Canditians, if any, which gave) DUE TO Secute Inyoco	edilispect with falue 4-6 hr
0 00	3)		rise to immediate cause (a), stating the underlying cause last. DUE TO Covory or length	ochevorlerosio years
al or arrenaln icate has bee far use as th Health prior t	2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO
of Tip		CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING CAUSE OF DEATH OF ETHER, NOTIFY MEDICAL EXAMINER)	(Enter-nature of injury in Part I or Part II of item 1B.)
r this cerdetache		MEDICAL		ACE OF INJURY (Hame, form, long, street, office bldg, etc.) 2Df. (City ar town) (Caunty) (State)
ned by R: Afte wild be the Sta			21 I certify that (1) (this hasnital) attended the deceased from	at death accurred at 6 30 M, fram causes and an the date stated abave.
IRECTO 3 sho			220. SIGNATURE	D. ATTENDING MED. STAFF 226. DATE SIGNED 3
ige 4 may b FUNERAL D rector, page hauld be file	1		22c. PHYSICIAN'S NAME (Type) JAMES W. HARDING	22d. ADDRESS 7601 Keverbale Rd, Lanham, Ind.
To FUNE director	0	23a.	BURIAL (REMATION, REMOVAL (Specify) Sept 7, 1967 Baltimore at	tional 23d. LOCATION (City or Town) (County) (State)
VR A15 (4)	X	24.	. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
25M 1/67	N		F. Gasch's Sons Hyattsville, Md.	DATISEP 8 1961

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femave carban papers. Pages 1 and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deg Page 4 may be retained by the haspital or attending physicion.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1280	6			CER	TIFICAT	E OF	DEATH			1	281	6
	PLACE OF DEA		Coom				2. USUA a. ST	ATE		eased lived, If Inst		idence be	fore admission)
-	b. CITY OR TO		Georg		I C LENGTH	MARYLAND OF STAY IN 1b	C CITY O	PTOWN	sylvan	118 orate limits, wri	to PIIPAL a	nd give r	nearest town)
1	write RURA	L and give	nearest tov	vn)	C. LENGIN	DE STAT IN TO	C. CITT	in town (ii	outside corp	orate mints, wit	TO KONAL O	IL BITO	The same
	Hy	atts	ville					Phil	adelpl	nia			10 3
	u. NAME OF H	USPITAL U	RINSTITUTI	ON (IT NOT IN I	iospitai, give s	treet address)	d. STREE	T ADDRESS				e. 1	S RESIDENCE ON A FARM?
Sa	cred H	eart	Home	5805	Queens	Chape		800	N. 631	rd Stre	et	YES	NO W
3.	NAME OF DECEASED		F	irst	Mid	dle	Las	st	4. DATE	Month		Day	Year
	(Type or print)		Mar	ie T	herese	Car	npbell		DEATH	Sept.	22		1967
5.	SEX	6. COL	OR OR RACE	7. MARRIED	NEVER N	ARRIED K	8. DATE OF	BIRTH	9.	AGE (In years last birthday)	IF UNDER 1		
F	emale	W	hite	WIDOWED	DI DI	VORCED	2/7/	1877		90 yrs.	Months	ays H	lours Min.
10a	USUAL OCCUPA	TION (GIVE	kind of work	done 10b. I	KIND OF BUSIN	IESS OR			ounty & State,	or foreign country)	12. CIT	IZEN OF	WHAT
auri	ng most of wor Practi	king lite,	even if retire	(a)	INDUSTRY		Ph	oher	lphia,	Po		NTRY?	
	FATHER'S NA		INT. 30					HER'S MAID		Id	1 0	D · A	
	TD	a					E1 -	rahe	th Gar	rtrude	Deler	1077	
15	Frank WASDECEASE	FVERIN	S ARMEDE	DRCFS? 16	. SOCIAL SECUI	PITY NO 1 17	INFORMAN		211 (191	Addres		10 9	
	s, no, or unkown)			of service)					A Trans			1	362
	No				2-05-5		crea	near	t Home	, Hyat	tsv11		Md.
					line for (a), (b)	, and (c).]		y	2/11			ONSET	AND DEATH
	PART I. I	IMMEI	S CAUSED BY	(a) M	esenter	ic Thron	nbosis		770-1			11	days
	4200		DUE	TO								-/-	
	Cenditions, If			(b) A	rterios	cleroti	Hear	t Dise	ase			25	- was
	gave rise to			TO		- 4 127				10			
	underlying car	-		(c)								-	
CERTIFICATION	PART II. OTHER	SIGNIFIC	ANTCONDITI		UTING TO DEAT	H BUT NOT REL	ATED TOTHE	TERMINAL	DISEASE CONE	OITION GIVEN IN	PART 1(a)	PE	AS AUTOPSY ERFORMED?
임		- 101 - 1101		1 001							(h	YES [NO
ERT	20a. ACCIDEN OR CONTRIBU (IF EITHER, N	T WAS UN TING D C	DERLYING DEA	TH NED)	DESCRIBE HO	W INJURY OCCI	JRRED. (Ent	er nature of	i injury in Pa	rt I or Part II of	Item 18.)		
	20c. TIME OF				INJURY OCCUR	DED 1200 DIA	CE OF INJU	DV/Home fo	rm 206 (City or town)	(Count	tv)	(State)
MEDICAL	Hour a	.m.		While	Not While	e facto	ory, street, o	ffice bldg., e	tc.)	city of town)	(Count	.37	(otato)
¥.		.m.	19	at wor			/11		52	0/21	6°	7	(matarite)
				pital) attend 1/21		ased from 1	111	, 1:	9 53 to_	m the causes			(I) XWek last
	saw the d		alive on	161	19	and tha	t death oc	curred at4	XM, tro	m the causes	and on the		
	07))	- T	7 Ce	0000	M.I	ATTEND	ING [MED. DIRECTOR	STAFF PHYS.		22/67	
	22c. PHYSIC NAME (Tuest	T	C-114	W D			ADDRESS	NY TO	Unabina			
220	BURIAL, CRE		23b. DATE		ns, M.D	e of cemeter		H St.		Washing CATION (City, to			20002 (State)
23d.	REMOVAL (S	pecify)					OR CREWIA	TON		shingto			
24.	FUNERAL DIF	RECTOR	9-25	6 /- 1	ADDO	Olivet	37 257	1 25a. REG	C'D BY REGIS	TRAR 25b. RE	GISTRAR'S	SIGNATI	URE,
	ancis	J. 0	ollin	S W	321 14 a shing	th St.	NCW	DATESE	P 2.5	1967	worl	20 /2	roge
				11.5	Pariting	00119		DATE	-1 20			U	-

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d completely filled in by the funeral from papers. Pages 1 and 2 should within 72 hours after death. IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 bours after death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled burial, cremation, or removal, and in any event, withing 22 hours after death.

VR A15

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 190110 CERTIFICATE OF DEATH 19017

1,000	14011
1. PLACE OF DEATH • COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. STATE b. COUNTY:
b. CITY OR TOWN (if outside corporate limits, Living Uta Landpile Pearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) Washington, D.C.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street eddress) Carroll Manor Nursing Home 1922 LaSalle Rd.	d. STREET ADDRESS 1921 Kalorama Road N.W. 1920 No YES NO
3. NAME OF DECEASED (Type or print) Bertha G.	Carroll OF Sept. 6 Dey Yeer 1967
female white WIDOWED NO DIVORCED	12/6/78 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 12/6/78 9. AGE (In years IF UNDER 1 YEAR Months Deys Hours Min. Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Bookkeeper-Government	Washington, D.C. U.S.A.
James M. Carroll	Margaret M. Leahy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgive war or dates of service) 577-38-1121	INFORMANT Elizabeth Carroll Manor Nursing Home
1 4 4 2 X	stive Heart Follore Interval Between ONSET AND DEATH 24Hs;
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF LIFE EITHER, NOTIFY MEDICAL EXAMINER)	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED? YES NO PORT 1 (*) PO
	Ex. (Enter nature of injury in ran t of rail it of fail it of
	ACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	death occurred at 6.5M, from the causes and on the date stated above.
7	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22b. DATE SIGNED 9/L/67
22c. PHYSICIAN'S NAME (Typo) Hareld Heiges MD	5415 Conn. Avenw De
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 9/9/67 Ft. Lincoln	Desires Common Co Ma
The S. H. Hines Co. 2901 14th St.	N. W. Date SEP 1 1 1967 gellarles Jusque

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			14003	CERTIFICATE	OF DEATH		12019
death and death		1.3	PLACE OF DEATH		2. USUAL RESIDENCE (W	There deceased lived, if institution:	Residence before admission)
			o. COUNTY	MARYLAND	o. STATE	b. COUNTY	DO
after he fur ges 1 after			Prince Georges O. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		of Columbia tside corporate limits, write RURAL of	and give pageet town)
haurs after n by the fu s. Pages 1 haurs after			write RURAL and give nearest tawn)		C. CITT OK TOWN (II GOT	side curpordie illinis, wille kukac c	ond give neorest town)
by de us			Cheverly	5 days	Washington	n	161
4 h I in ers 72 h		. 1	1. NAME OF HOSPITAL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
ed within 24 haurs a pletely filled in by th carban papers. Pagi ent, within 72 haurs c	74		Prince Georges Genera	al Hospital	5409 Addi	son Road, NE	YES NO
A H			NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
e executed with and campletely f remave carban a any event, with			Type or print) Be	essie	Charles	OF DEATH Sept	. 29. 19.67
mpl mpl	-	S. :	SEX 6. COLOR OR RACE 7.		3. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
any ca	3			WIDOWED DIVORCED	6/4/10	lost birthday) Mo	anths Doys Haurs Min.
and and and		10a	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR /		State, or foreign country)	12. CITIZEN OF WHAT
ate b ician lease and		duri	USUAL OCCUPATION (Give kind of work done ng mast of working life, even if retired)	INDUSTRY Athome		5. (COUNTRY?
sici ple		13.	FATHER'S NAME	- 1	14. MOTHER'S MAIDEN N	AME	F
that the death certiticate be an. by the attending physician or transit permit. Then please crematian, or remaval, and			John	10/2 ttc	Poth.	011 1	Ilman
ng I		15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	111111111
that the death certiticate be executed an. by the attending physician and cample ransit permit. Then please remave ca crematian, or remaval, and in any executed.			s, no, or unknown) (If yes give war or dates of se	rvice)	1	Ewsome Stog	Addison Rds
atte atte					elyn Ne	Worke Thay	sel CORS, MU.
the the			1B. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
by that			IMMEDIATE CAUSE (a)	Multiple Pulmonary	Embolii		
			5 5 A X DUE TO				
physici physici signed burial-1 burial-1				Cerebral Thrombosi	S		
			stating the underlying cause DUE 10	Carabara Autoriana	1		
trending as been as the priar tal			last. (c)	TO LAST			
he as		NO	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
IAN: That all ar at ficate he far use Health	1	CAT					YES NO
	15	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in P	art I ar Part II of item 1B.)	
haspital haspital certification continuation for the factor of H			(IF EITHER, NOTIFY MEDICAL EXAMINER)				
PHYSIC ne haspi this cert etached Dept. a	7,	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m.		E OF INJURY (Hame, farm,	, 20f. (City ar town)	(Caunty) (State)
D D		ME	p.m. 19	While at wark of work of tocto	ary, street, affice bldg., etc.)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
by by After be Stat			21. I certify that (1) (this hospite	ol) ottended the deceased from S	ept. 24. 19	67 to Sept. 29	. 19.67, that (1) (we) las
retained retained ECTOR: A shauld with the			saw, the deceased alive on Se	ol) ottended the deceased from S	death occurred at	5 :45AM, from causes and	on the dote stated above
Sho CTO			220 SIGNATURE				22b. DAYE SIGNED
			X-Chilles 6	M.D		MED. DIRECTOR PHYS.	9/29/17
	,		22c. PHYSICIAN'S		22d. ADDRESS		1/1/1/
4 may VERAL tar, pag Id be fi	1		NAME (Type) A. Clark H	lolmes, M.D.	Prince Geo	orges General Ho	spital
UNI UNI Botto	1	230	BURIAL CREMATION, 23b. DATE THEREO	OF / 23c. NAME OF CEMETERY OR G	REMATORY /). /	23d, LOCATION (City or Town)	(County) (State)
O HOSPITA Page 4 may O FUNERAL director, po	N		REMOVAL (Specify) 10-3-	-67 Harmony	VIEM, Park	Hickory &	Park MIS.
	10	24	FUNERAL DIRECTOR	ADDRESS	2So. REC'D		RAR'S SIGNATURE
VR A15 (4) 25M 1/67	1	14	S.Wookington 4 Son	04425 Deave a	4/1/ TOPECT	2 1967 Jelia	was Judge
			7-1-1	VIIVORY			00

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Prince Coorses Coderal Hospital | No. 2009 Addison Food, WE | Sept. 29.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1/7		12810	MEDICA	L EXAMIN	ER'S C	ERTIFICATE O	F DEATH		1281	9
EPT		PLACE OF DEATH				O. STATE	Where deceased live			admissian)
10		Prince George	219	MARYL	AND	Maryland		Prince	George !	S
Store Deportment of		. CITY OR TOWN (II autside carparate lim	uts, c.	LENGTH OF STAY IN		. CITY OR TOWN (If au	itside carparate lim	its, write RURA	l and give nearest	r town)
E .	13	write RURAL and give nearest town) Cheverly		DOA	1	Greenbelt				16-1
	-	I. NAME OF HOSPITAL OR INSTITUTION (IF	nat in haspital, give s	treet address)		d. STREET ADDRESS				B. IS RESIDENCE
99						07	12 m 10 m m 2			ON A FARM?
1	3 1	Prince George Gen	eral Hospi	Middle		lost L	ale, Road	Manth	Day	Year
	. 1	DECEASED					OF	MOIIII		
	_	Type or print) Carr EX 6. COLOR OR RACE	7. MARRIED	M. NEVER MARRIED	Cipri	DATE OF BIRTH	DEATH	(In years	IF UNDER 1 YEAR	19 67 I IF UNDER 24 HRS.
	J	U. COLON ON NACE	WIDOWED		1		lost	birthday)	Manths Days	Haurs Min.
		Temale White		DIVORCED		June 189		yrs.	12. CITIZEN OF	MULAT
6	duri	USUAL OCCUPATION (Give kind af wark dar ng most of warking life, even if retired)	INDUST	F BUSINESS OR RY		11. BIRTHPLACE (State	ar foreign country)		COUNTRY?	YYNAI
		Housewife	own	home		Italy			US	A
LIS	13.	FATHER'S NAME	1000			4. MOTHER'S MAIDEN				
ह		James Russ					?			
4	IS.	WAS DECEASED EVER IN U.S. ARMED FORCES, no, or unknown) (If yes give wor ar dote	forigon to	L SECURITY NO.		ORMANT		Address		
	1.0	no la vesgite vel el del	215	548 435	Jos	eph Cipria	ino Gre	enbelt	, Md.	
×		1B. CAUSE OF DEATH (Enter only one of	ause per line for (a),	(b), ond (c).)						RVAL BETWEEN
n any event		PART I. DEATH WAS CAUSED BY:	E (o) Heart	failure					min	set and death lutes
ond in any event within 72 hours ofter d eat t					ic he	eart diseas	se		over	4 yrs
any		Canditians, if any, which gave	(b)							
⊆ _		rise to immediate cause (a), stating the underlying cause	JE 10							77.7
2		last.	(c)							
		PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NOT RELA	TED TO THE	TERMINAL DISEASE COI	NDITION GIVEN IN I	ART I(a)		WAS AUTOPSY
200	CERTIFICATION		Table 5							PERFORMED?
Геп	FICA	20a. EXTERNAL CAUSE WAS	20b. DESCRIB	E HOW INJURY OCC	CURRED. (En	ter nature of injury in	Part I or Part II af	item 18.)		
5	CERT	PRIMARY ☐ ar CONTRIBUTING ☐ CAUSE OF DEATH.			,			,		
	B	20c. TIME OF INJURY Manth, Day, Year	20d. INJURY	OCCURRED	20e PLACE	OF INJURY (Hame, farn	n. 20f. (City	or tawn)	(County)	(State)
	MEDICAL	Haur a.m.	While	Not While		, street, office bldg., etc.		,	(//	(3.3.5)
		p.m. 1	di wdik -		1.11			7		
		21. I certify that I taak char						w.	, 144	in my apinia
Health prior to buriol, cremotion, or removal,	Ü	death resulted fram: Natu	ral Quses X,	Agtident	Suicide			rmined mai	nner	
0		ACTUAL / - 4	/ /4	1		CHIEF MEDICAL				2. DATE SIGNED
5		SIGNATURE J	1/10	m		M.D.	ICAL EXAMINER		4	Z. DAIE SIGNED
2		EXAMINER'S	1	1.7	36.3		AL EXAMINER		0	27 677
		NAME (Type) John Kehoe,	M.D. Ki	verdale,	Md.		t, city, tawn, or cau			-21-67
6	23a	BURIAL, CREMATION, 23b. DATE I		C. NAME OF CEMET			23d. LOCATIO			(Stote)
		Burial / Bept	23, 1967	St Mary'	s Cem			ngton l		
)	24	F. Gasch's	ano Urat	ADDRESS	ма		P 2 5 19		STRAR'S SIGNATUR	udel
		r. dascii s	ms nyat	tsville,	rid.	DATESE	1 40 10	1		0

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CERTIFICATE OF DEATH 12820 and 2 funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) **G_GOUNTY** b. COUNTY 6-E012 GE MARYLAND The law requires that the death certificate be executed within 24 haurs after hours after Pages the CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) þ . d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled NO Z NAME OF Middle DATE Month campletely nave carbon First Dov Year DECEASED 1967 (Type or print) DEATH event IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED 9. AGE (In years 8. DATE OF BIRTH **NEVER MARRIED** remove lost birthdoy) Hours Months Doys and in any WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT please during most of working life, even if retired) INDUSTRY COUNTRY? physician 13. FATHER'S NAME MOTHER'S MAIDEN NAME crematian, or removal, attending phys WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. **INFORMANT** CMSN. WS permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), INTERVAL BETWEEN the signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 'O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO burial. Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse priar ta the has been lost. SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? far use Health NO O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) be detached for State Dept. af H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Yeor (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o.m. Not While of work ot work pe 1962 to Sept 21. I certify that (I) (this hespital) attended the deceased fram MAR 27, 1967, that (1) (wa) last page 3 should be filed with the and that death accurred at 70% M, fram causes and on the date stated above. saw the deceased alive on servi 1967 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 23o. BURIAL, CREMATION DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) **REMOVAL** (Specify) 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12812 CERTIFICATE OF DEATH 12821

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
DRINCE GEORGES MARYLAND	* SMARY (AND B. COUNTY WICOMKO
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
BOWIE (Bel Air) 2 WKS	SALISBURY
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
Starlight Lane	508 TRUITT ST, YES NO BY
3. NAME OF DECEASED ,(SMITH-LEMO	N) Lest 4. DATE Month Dey Year
	LODONATO DEATH SEPT 10 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH A. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. John birthdey Months Days Hours Min
FEMALE CAUC WIDOWED DIVORCED []	TUNE 28 1906 6 yrs. Months Deys Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	SOMERSET CO. MARYLAND U.S.A:
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ALEXANDER H. TREEN	DAISY POPE
15. WAS DICEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yas, not of unknown) (Ifyesgive werordates of service)	NFORMANT (Address 319 STARLIGHT
214-10-8731	ALLAN SMITH (SOW) BOLUIE, MD.
18. CAUSE OF DEATH [Entar only one ceuse per lina for (a), (b), end (c).]	INTERVAL BETWEEN OASET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) CORONARY	UCCCUSION 2 MINUTES
DUE TO	18 10 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10
Conditions, if any, which (b)	
gave rise to immediate causa (a), stating the underlying DUE TO	
ceusa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	YES NO .
20b. ACCIDENT WAS UNDERLYING _ 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING _ CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] N/A	. (Enter neture of Injury in Pert I or Part II of item 18.)
IN/ /X	
	CE OF INJURY (Home, ferm, '20f. (City or town) (County) (Stata)
p.m. 19 et work et work	/
21. I certify that (I) (this hospital) attended the deceased from.	SEPT 10, 196, to
saw the deceased alive on SEPT 19.07, and that	death occured a
2%. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
lyde of sell of	I.D. PHYS. DIRECTOR PHYS. DE TO 199
CHAMPIDE L. BELL TR M.	2 12639 MILLSTREAM DR. BOWIE MO
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial Sept. 12, 1967 Parsons Ceme	etery Salisbury, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY, SALISBURY, MARYLAN	ID DATE SEP 14 1967 Juniores may

might stupe, 12, 1967 Parsons Cemebery Soliabury to Jands

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is	>	eral	5 may be retained for your files.	RAL	prio
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	PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (W	Where deceased live	b. COUNTY		
	P	rince George!	S	MARY	LAND	Maryland		Prince (
	b. CITY OR TOWN	(If outside corporate limits,		c. LENGTH OF STAY I	N 1b	c. CITY OR TDWN (If aut	tside corparate lim	its, write RURAL and	give neorest	town)
		nd give nearest town)		DOA		Darria				16-1
	Chever	ТХ		DOA		Bowie				/ 5 /
	d. NAME OF HDSP	ITAL OR INSTITUTION (If not in	hospitol, gi	ve street oddress)		d. STREET ADDRESS			е.	ON A FARM?
		George Genera	l Hos			12718 Kinc				ES NO X
	NAME OF	First		Middle		Lost	4. DATE	Month	Doy	Year
	DECEASED (Type or print)	Tohn		Anthony		Costa	OF DEATH	0	20	19 67
S.		6. COLOR DR RACE 7.	ALADOIED 1	-		DATE OF BIRTH		(In years IFUN	IDER I YEAR	IF UNDER 24 HRS.
3.	JLA.	O. COLOR DR RACE	MARRIED [NEVER MARRIED		DATE OF BIRTH		birthdoy) Mont		Hours Min.
7	Male	White V	VIDOWED [DIVDRCED		3-15-1925	1.2			
		ON (Give kind of work done	I 10b. KIN	D OF BUSINESS OR		11. BIRTHPLACE (Stote	or foreign country)	113	2. CITIZEN OF	WHAT
		a life, even if retired)	IND	USTRY Publis	hind				COUNTRY?	
E	lucatio	nal Salesma	n			Massach	lusetts		U. S.	A.
13.	FATHER'S NAME			Compar	Ly	14. MOTHER'S MAIDEN N	IAME			
-	Jan Can					24 2				
	ohn Cos					Marion M	artin			
		/ER IN U.S. ARMED FORCES?) ((If yes give wor or dates of ser		OCIAL SECURITY NO.	17. IN	FORMANT		Address	of T	tem
	nknawn	Illi yes give wor or adies or ser	03	2-18-120	15 M	rs. Dorot	thy Cos	Address Same	WD T	CANT
V					7	200 2020	322,7 000	#2	INVE	DILLE DETINES
	IB. CAUSE OF	DEATH (Enter only one couse p ATH WAS CAUSED BY:	er line for (o), (b), ond (c).)						RVAL BETWEEN ET AND DEATH
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	Conditions, if on		From	coronary	ather	osclerotic	heart d	isease	unkn	nown
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	stoting the und	, ,								
	RUST.) (c)								
2	PART II. OTHER	SIGNIFICANT CONDITIONS CONTR	IBUTING TO	DEATH BUT NOT REL	ATED TO TH	E TERMINAL DISEASE CON	DITIDN GIVEN IN F	PART 1(o)		WAS AUTOPSY
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	20o. EXTERNAL (PRIMARY (or C		20b. DES	CRIBE HOW INJURY OF	CCURRED. (E	nter noture of injury in P	Port I or Port II of	item 18.)		
CER	CAUSE OF DEATH		13.24							
MEDICAL CERTIFICATION			1 204 IN	URY OCCURRED	20° DIACE	OF INJURY (Home, form,	. 20f. (City	or town)	(County)	(State)
ă	Hour o	JURY Month, Day, Yeor	While	Not While		y, street, office bldg., etc.)		or lowil)	(County)	(sigle)
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		// IN				CHIEF MEDICAL	EXAMINER			
	ACTUAL	3.61 14	1/1	~				1	23	2. DATE SIGNED
	SIGNATURE	Jun 11-	evi	/		M.D. ASSISTANT MEDI		1		
	EXAMINER'S		*		363	DEPUTY MFDICA	L EXAMINER		0 07	677
	NAME (Type)	John Kehoe, M.	D.	Riverdale	, Md.	Address (Street,	city, town, or cou	inty)	9-21	-0/
220	BURIAL, CREMAT			23c. NAME OF CEME	TERY OR CO	FMATORY	23d LOCATION	N (City or Town)	(County)	(State)
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B	RFMOVAL (Specification)	9/23/6		Maplew	ood (cometery	Durha	m Nort	n car	olina
24	FUNERAL DIRECT	OR		ADDRESS	W = -7 7	2So. REC'D	BY REGISTRAR	2Sb. REGISTRA	R'S SIGNATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH

12823

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR ST	ATTV)		1281	4	MEDIC	AL EXAMINER'S	CERTIFICATE (OF DEATH		
HEALTH	DERT		LACE OF DEATH	D			2. USUAL RESIDENCE	(Where deceosed lived, if institution P.G. b. (0)		ce before admission)
ay is	ent of		CITY OF TOWN /	Prince Geo		MARYLAND			tin 44 1 1	
2, ond PM3. P	and the same of th	t	write RURAL and	f autside carparote limits give nearest tawn) verly	s,	c. LENGTH OF STAY IN 1b DO^A	Englew	outside carparate limits, write R rood	URAL and give	a nearest town)
	3.7	(AL OR INSTITUTION (If no	ot in hospital, give	e street address)	d. STREET ADDRESS			e. IS RESIDENCE
form form	3/		Prince (George Gene	ral Hos	oital	1615 60	th Ave.		ON A FARM?
	5 77	3 1	NAME OF	Fir		Middle	Lost		nth	Day Year
death. e Page with f	S el	[DECEASED			Washington		OF	9	23 1, 67
er ng	t t	5 0	Type or print)	6. COLOR OR RACE	orge		B. DATE OF BIRTH	9. AGE (In years	I IF UNDER	17
© 00 00 00 00 00 00 00 00 00 00 00 00 00	2 with	3. 2	M	Negro	7. MARRIED K	DIVORCED DIVORCED	20 Aug., 1	last birthday)	Months	Days Hours Min.
hours of Office of Iond 2 w		10o.	USUAL OCCUPATION	(Give kind of work done		OF BUSINESS OR	11. BIRTHPLACE (State	e or foreign country)		TIZEN OF WHAT
24 h in It	- 5	duri	ng most of working l	ife, even if retired)	INDU	STRY	Marylan	d	(0)	USA
il ir	pages urs offe		FATHER'S NAME				14. MOTHER'S MAIDEN			
wit pe	φ 0		John Cra	awford			Lo	uise Bowser		
	72			R IN U.S. ARMED FORCES? (If yes give war ar dates a		CIAL SECURITY NO. 17.	INFORMANT	Ado	lress	
e executed 'pending'' ir ef Medicol F nsit permit. I nt within 72		(16	s, na, ar oliknawir)	fit has dive may at agres a	Ji service)	E	Clizabeth	Wilson-gran	ddaug	hter
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d be ed '' pel	tronsit		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(a)	Heart failure	a,			ONSET AND DEATH
ಶಕ್ಷಾ	eve		4200	DUE						
should e word o the Ch	burial-tronsit		Conditions, if any,		(b)	Arterioscler	otic heart o	i sease		over 5 vrs
the s	o pr		rise to immediate stoting the under	e cause (a), (WT OCT TO SCHOT	301C 110C1 0 X	110000		
ng ded	o so o		last.	lysing coose	(c)					CTU- IN
s certificate should b, writing the word forworded to the Cl			PART II. OTHER SIG	SNIEICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY
	be used removol,	TION		-				. ,		PERFORMED? YES NO
This cate, be fo	be	FICA	20o. EXTERNAL CAI	JSE WAS	20h DESCI	RIBE HOW INJURY OCCURRED	(Enter noture of injury in	Part I ar Part II of item 18.)		1 10 []
	or	L CERTIFICATION	PRIMARY CON CAUSE OF DEATH.		208. 0130	NOT HOW HOOK OCCURED.	(Enter transfer of traps) to		- 15	F- 11 2
EXAMINER: tute the cert oge 4 should	age 3 shr emation,	MEDICAL	20c. TIME OF INJU	IRY Month, Day, Year			ACE OE INJURY (Hame, for tary, street, affice bldg., etc.		(Cou	unty) (State)
AN THE	age	ME	p.m	10	While at work		idiy, sireer, dirice bidg., erc)		
Pog	, e e		21. I certify	that I took charge	e of the remo	ins described phove, he	eld on Autopsy [],	Inspection , Inc	quiry 🔀	ond in my opinion
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			SIGNATURE	Win	11	0000	ASSISTANT ME	DICAL EXAMINER		22. DATE SIGNED
SSary, funeral	S E		EXAMINER'S	1	///		DEPUTY MEDIC	CAL EXAMINER	0'	24-67
ecessary, he funero			NAME (Type)	/ John Kel	hoe, M.	., Riverdale	Address (Stree	et, city, tawn, or county)	74	~H-0./
o D D		230	BURIAL, CREMATIO	N, 23b. DATE THE	EREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or	lawn)	(County) (State)
7 - + 5	るまずら		Bur is the	1 / 9/27	167	Aşçension		Bowie, M		
VP A)	SME (5) (4)	24	FUNERAL DIRECTO	January 1	Borne	On Poppis.	2So. REC	D BY REGISTRAR 1967	REGISTRAP'S S	IGNATURE Question

4 3 . ava 1800 CEAC | Carried Labour Section of the Company of the Com () [] [] Fonn Cameray of the property prefer to 111-Thomas Janes a Care analysis and Howard Amney L. Hotel - all Connict Lond, E. Darie L. Toman L. Tom

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12824

	XAMINER'S CERTIFICATE OF DEATH	
1. PLACE OF DEATH o. COUNTY Prince George's		YTNUC
b. CITY OR TOWN (If outside corporate limits, c. LENGT)	MARYLAND Maryland Princ H OE STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write	ce George 's RURAL and give nearest town)
write RURAL and give nearest tawn) Cheverly DOA		16-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street of	d. STREET ADDRESS	e. IS RESIDENCE ON A EARM?
Prince George General Hospita	3115 Twig Lane	YES NO X
3. NAME OF Eirst DECEASED		anth Day Year
(Type or print) William K	Cummins DEATH	9 19 19 67
S. SEX 6. COLOR OR RACE 7. MARRIED NEV	ER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) DIVORCED 26 Oct. 1915 718	Manths Days Haurs Min.
100-tts/AL SCRIPATION (Give kind towark dane during the for vorking the even it prized)	NESS OR 11 BIRTHPLACE (State or Toleign country) WANNA Hullishings	12. CITIZEN OF WHAT COUNTRY?
T3. EATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECL	JRITY NO. 17. INFORMANT	dress
(Yet portunknown) (Yet the or dies of service)	IRITY NO. 17. INFORMANT LEEN L. CHAMINIS	#2
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), on PART I. DEATH WAS CAUSED BY:	d (c).)	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Congestive		minutes
Conditions, if ony, which gave) DUE TO Hypertens	ive cardio vascular disease	unknown
rise to immediate cause (a),		
stoting the underlying cause (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES 🔀 NO
PRIMARY Or CONTRIBUTING C	/ INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. Pp.m. 19 20d. INJURY OCCU While at work of w	While factory, street, affice bldg., etc.)	(Caunty) (State)
21. I certify that I took charge of the remains des	cribed obove, held on Autopsy 🙀, 🛮 Inspection 🙀, 🔝 In	quiry 😿, ond in my opinio
deoth resulted from: Natural couses (4), Accid	dent , Suicide , Homicide , Undetermined	monner
ACTUAL ACTUAL	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	
NAME (Type) John Kehoe, M.D. Riv	erdale, Md. Address (Street, city, tawn, or county)	9-20-67
NAME (Type) John Kehoe, M.D. Riv 230. BURIAL CREMATION, 23b. DATE THEREOF 23s. NAM		
NAME (Type) John Kehoe, M.D. Riv 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAI REMOVAL (Specific) 23c. NAI	ME OF CEMETERY OR CREMATORY. Address (Street, city, town, or county) 23d. LOCATION (City or CREMATORY) COLIN REMATORY COLIN REMATORY	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

5000E

	PLACE OF DEATH o. (DUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (W	here deceosed lived, if institution: Reside b. CDUNTY	nce before admission)		
	b. CITY OR TOWN (If autside corporote limits, write RURAL and give nearest tawa) Glenn Dale (rural)	c. LENGTH OF STAY IN 16 41 days	c. CITY OR TOWN (If out	side corparate limits, write RURAL ond giv 10.	ve nearest town)		
	d. NAME OF HOSPITAL OR INSTITUTION (If not Glenn Dale Hospital	in hospitol, give street oddress)	d. STREET ADDRESS 264 16th	Street, S.E.	e. IS RESIDENCE ON A FARM? YES NO		
1	NAME OF First DECEASED (Type or print) George	Middle	Davis, Jr.	4. DATE Month OF September	Doy Year 12 19 67		
	SEX 6. CDLOR OR RACE Male Negro	7. MARRIED NEVER MARRIED NOT NEVER N	8. DATE OF BIRTH 12-17-39	9. AGE (In yeors IF UNDER lost birthdoy) Months yrs.	1 YEAR IF UNDER 24 HR Doys Hours Min.		
duri	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Unknown	10b. KIND DF BUSINESS OR INDUSTRY UNKNOWN		1, South Caro.	TIZEN DE WHAT DUNTRY? USA		
	FATHER'S NAME George Davis, Sr.		14. MOTHER'S MAIDEN N. Elizabeth				
15. {Ye	WAS DECEASED EVER IN U.S. ARMED FDRCES? es, no, ar unknawn) (If yes give war or dates of s	ervice)	ecedent	Address			
	18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: 540 DUE TO	Severe gastrointes		rhage	INTERVAL BETWEEN DNSET AND DEATH DOURS		
	conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse to the state of the	Pulmonary and cent		system sarcoid-	unknown 23 mo.		
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (DNDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO A						
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY DCCURRED.	(Enter noture of injury in P	art I or Port II of item 18.)			
MEDICAL	20c. TIME DF INJURY Month, Doy, Yeor Hour o.m. 19 20d. INJURY DCCURRED Vehicle of work						
MEC	21. I certify that (this haspital) attended the deceased fram 8/2/, 1967, to 9/12/, 1967, that (the deceased alive on 9/12/ 1967, and that death occurred at 3:55PM, from couses and on the date stated above						
MEC		tol) attended the deceosed fram	8/2/ , 19 t deoth occurred at 2		the dote stoted obo		
MEC	saw the deceased alive on	tol) attended the deceosed fram_9/12/1967, and tha	t deoth occurred at 2 D. ATTENDING D. PHYS.	B:55PM, from couses and on t	the dote stoted obout SIGNED -12-67		
	saw the deceased alive on	9/12/ 19 67, and tha	D. ATTENDING D. PHYS. 22d. ADDRESS G16	B:55PM, from couses and on to	the date stated abo DATE SIGNED		

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remayer carbon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deals. Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12817

CERTIFICATE OF DEATH

12826

1											
1.	PLACE OF DEATH				2. USUAL I	RESIDENCE (V	Where decease	d lived, if institution	n: Residence b	before odm	ission)
	a. COUNTY Pr	ince George	e's	MARYLA	AND O. STALE	lary 1 ar	nd	b. COUNT	rince	Geor	ge's
		If outside corporate lim	its,	c. LENGTH OF STAY IN	1b c. CITY OR	TOWN (If au	tside corparate	e limits, write RURA	L and give ne	eorest taw	n)
		d give neorest town) everly		31 days	B	r an dyv	vine				16-1
		AL OR INSTITUTION (If	not in hospite		d. STREET		1110				ESIDENCE
	Pc	ince Georg	e's Ge	eneral Hospit	al R	t. 4.	Box 10	00		YES [A FARM?
3.	NAME OF DECEASED		irst	Middle	Lost		4. DATE OF	Month		Doy	Year
-	(Type or print) SEX	6. COLOR OR RACE	Baby	Boy		son	DEATH	Septen AGE (In years	IF UNDER 1 YE		19 6 7 NDER 24 HRS.
	Male	Colored	7. MARRI WIDOW		8. DATE OF B					ργs Hou	
10	o. USUAL OCCUPATION	(Give kind of work done	e 10b	. KIND OF BUSINESS OR			& State, or fare	,		N OF WHA	T
dı	iring most of working	life, even if retired)		INDUSTRY	Princ	e Geor	rge's.	Maryland	COUNT	IRY?	S.A.
13	B. FATHER'S NAME					R'S MAIDEN N					
	Pa	ul Dawson			Conn	іе на	milton				
1	S. WAS DECEASED EVE	R IN U.S. ARMED FORCES	?	16. SOCIAL SECURITY NO.	17. INFORMANT			Address	3		
6	No or unknown)	(If yes give wor ar dotes	of service)		Moth	er		As abo	ive		
F		EATH (Enter only one co		for (a), (b), and (c),)				120 400		INTERVAL	BETWEEN
Г		TH WAS CAUSED BY:		emolytic dise	aco of th	0 200-1			A 145	ONSET AN	
	7705	IMMEDIATE CAUSI	E TO	-moryere dise	ase of th	e Hew	JOH				
	Conditions, if ony		~	rematurity							
	rise to immediat	e couse (o),	(b) <u>P1</u>	Chaculty							
	stoting the unde	rlying couse		spiratory in	sufficien						
		GNIFICANT CONDITIONS		IG TO DEATH BUT NOT RELAT			IDITION GIVEN	IN PART 1(n)		19. WAS /	AUTOPSY
CERTIFICATION	Tract in Office Si	ON TEXAS CONDITIONS	CONTRIBUTIO	- TO VEATE BUT NOT KEEN	to the teamine	DISEASE CON	IDITION OTTEN	11 1 AKT 1(0)		PERFO	ORMED?
FIGA	20o. ACCIDENT WA	S LINDEDLYING [7]	T 20h	DESCRIBE HOW INJURY OCC	IIDDED /Enter noture	of inuor in I	Part Lor Port	II of itom 18)		YESXIX	I NO L
ERT	OR CONTRIBUTING	CAUSE OF DEATH	200.	DESCRIBE HOW MOOK! OCC	OKKED. (EINEI NOIDIE	or inquity in i	on ron ron	n of them to.)			
Al	On TIME OF INIT	MEDICAL EXAMINER) URY Month, Day, Year	20.	d. INJURY OCCURRED 2	Oe. PLACE OF INJURY	(Hama form	20f.	(City or town)	(County	d	(State)
MEDICAL	Hour a.	n.) W	hile Nat While	foctory, street, off			(City di Town)	(County	()	(Siule)
	р.і			work Cot work Co			0		10	.1 . 44) /) i
	saw the d	eceased alive on s	spital) att	ended the deceased fr	am August Id that death ac	curred ats	767 , TO	fram causes a		date sta	(we) la: ited abavi
	220. SIGNATURE	11/1/	1	. /				4	22b. DATE		
		-////	11	Mr. Dos	M.D. PHYS.	NG [MED. DIRECTOR	STAFF PHYS. XX	Sept.	. 16,	1967
	22c. PHYSICIAN'S NAME (Type		0		22d. Al						
	NAME (19pe	Iradj Mal	ndavi,	M.D.	6821	River	rdale,	Road, Riv	rerdale	≥, Md	•
23	BO. BURIAL, CREMATIC	ON, 23b. DATE TI	HEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	119		ATION (City or Town		unty)	(Stote)
C:	REMOVAL (Specify	9/28	/67	Prince Geo	roe's Gen	Host	31	verly	PO	3	Md.
2	4. FUNERAL DIRECTO	R /	1	ADDRESS	- 3-	250. REC'D	BY REGISTRA		ISTRAR'S SIGN	ATURE	40.
4	ANOW. P	enn Jr.	Admin.	Cheverly.	Maryland	DASEF	26 1	967 fc	Les May	100	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Yaneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any eyent, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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k.		12010 MEDICAL EXAMINER 3 CE	EKTIFICATE OF DEATH	
PT.		LACE OF DEATH COUNTY	USUAL RESIDENCE (Where deceased lived, if institution: Residen o. STATE b. COUNTY	ice before admission)
			Maryland Prince Ge	orgate
		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e neorest town)
1			Cook Dlancout	16 1
	-		Seat Pleasant d STREET ADDRESS	l e. IS RESIDENCE
				ON A FARM?
		Prince George Gen. Hosp.	103 73rd. St.	YES NO 🔀
111		AME OF First Middle ECEASED	Lost 4. DATE Month OF	Doy Year
4			nnis DEATH 9	20 19 67
	S.	THE MARKET L	DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
		ale White WIDOWED DIVORCED 27		
	10a	JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. (1)	TIZEN OF WHAT
	1001	Stone Mason Construction	Tennessee	USA?
	13.	FATHER'S NAME	4. MOTHER'S MAIDEN NAME	
		? Dennis	Unknown	
	15.		ORMANT Knoxviile, I	onnoccoo
	{Ye	no, or unknown) (If yes give wor or dotes of service)	garet I. Dennis, General Deli	verv
	-	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	gazet 11 Delinating delicates abas	INTERVAL BETWEEN
		DADT I DEATH WAS CALISED BY.		hours
		IMMEDIATE CAUSE (a) Heart failure		unknown
		Onditions, if ony, which gove) DUE TO Hypertensive cardio	vascular disease	unknown
		rise to immediate couse (a), DUE TO		
		storing the underlying couse		V 10 1 1
		. 17	TRANSPORT DIFFERENCE CONDITION OF THE DARK AT A	19. WAS AUTOPSY
1	S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?
1	MEDICAL CERTIFICATION			YES NO
	RTIF	20a. EXTFRNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	ter noture of injury in Port I or Part II of item 18.)	
	I CE	CAUSE OF DEATH.		
	200		OF INJURY (Home, form, , street, office bldg., etc.) (City or town) (Co	unty) (Stote)
	M	Haur o.m. 19 White Not While of work of work	, street, strice blug., etc.)	
		21. I certify that I took charge of the remains described above, held	on Autopsy , Inspection , Inquiry ,	ond in my opinion
		deoth resulted from: Natural causes 1. Accident Suicide		7
			CHIEF MEDICAL EXAMINER	
		ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
^		911	DEPUTY MFDICAL EXAMINER 😓	0.00 (8
2		EXAMINER'S John Kehoe, M.D. Riverdale, Md.	Address (Street, city, town, or county)	9-20-67
	230	BURIAL, CREMATION, / 73b. DATE THEREOF 23c. NAME OF CEMETERY OR CRE	EMATORY 23d. LOCATION (City or Town)	(County) (Stote)
		Burial 9/23/67 Pleasant Fores		. ,,
	24		250. REC'D BY REGISTRAR 25b. REGISTRAR'S S	SIGNATURE
		FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home 308 Suitland Road, Suitland, Maryland	DATE SEP 2 5 1967 Julia	reas Judge.
		Do parcialla Road, parcialla, marytalla	DAIL THE	

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Robert M. Milmin amoral home Agos mitland Road, swillers, Marriand

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. ~	Nº N		1281			CERTIF	ICATE	OF	DEATH				12	828
executed within 24 hours after death decompletely filled in by the funeral rinave carban papers. Pages I and any event, within 72 haurs after death	VI		PLACE OF DEATH OF COUNTY PRINCE	GEORGES		MARY	LAND		AL RESIDENCE (Where deced		institution: b. COUNTY LUMD 1		fore odmission)
after the fur iges 1 s after			CITY OR TOWN (If	outside carparate limits	, C.	LENGTH OF STAY I	N Ib	c. CITY	OR TOWN (If ou	ıtside carpor	ate limits, w	rite RURAL	and give nea	rest town)
hours of the by the s. Pag			ANDREWS	ive nearest town) AF BASE					LEM					72 - 2
4 h J in Pers. 72 h	7 ~			OR INSTITUTION (If no		treet oddress)			EET ADDRESS					B. IS RESIDENCE ON A FARM?
iin 24 ho filled in t papers. thin 72 ho	25			SPITAL AN				82	9 AETN		1			YES NO X
executed withind completely fremave carban any event, with			NAME OF DECEASED	Fir	st	Middle			Lost	4. DATE OF		Month		oy Year
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omi omi		S. :		. COLOR OR RACE	7. MARRIED	NEVER MARRIED			OF BIRTH		9. AGE (In y		onths Doy	
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and ir		duri	ng most of working life FOREMAN		INDUST		CT C	0	SALEM	OHIO		Y)	COUNTR	
phys en pl aval,		13.	FATHER'S NAME					14. MC	THER'S MAIDEN	NAME				
rhe The		16	JOHN DE			A SECURITY NO	1 17 11		ARY LO	TTMA	N	4.11		
eath certifi anding phy nit. Then ar remava				N U.S. ARM () FORCES? yes give war or dates o	f service)	AL SECURITY NO.		IFORMA				Address		
			YES	WWII		-337-37	418		WIFE		SAI	ME AS		NITEDIAL DEDICES
that the d an. by the attransit perr crematian,		1	PART I. DEATH	TH (Enter only one cou WAS CAUSED BY:			MILIT	mrr	ODME	TAITT	T MD AC	DINO		NTERVAL BETWEEN ONSET AND DEATH
tha an. by ran			1929	IMMEDIATE CAUSE DUE	(o) GLIOBI	ASTUMA	MUL		URME,		LIKA.	LING		
equires that the physician signed by the burial-transit burial, cremat	1		Conditions, if ony, w	hich gave \	(b)									
equires physic signed signed burial- burial,			rise to immediate	ouse (o),										
5 6 9 5			last.	~	(c)									
The see	3	IFICATION	PART II. OTHER SIGN	IFICANT CONDITIONS CO		ATH BUT NOT REL	ATED TO TH	HE TERM	INAL DISEASE CO	NDITION GIV	EN IN PART	1(0)		9. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: The haspital ar at this certificate he etached far use Dept. af Health		CERT	20o. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MI	CAUSE OF DEATH	20b. DESCRIE	E HOW INJURY O	CCURRED. (I	Enter not	ture of injury in	Port I or Po	rt II of item	1B.)		
IG PHYSIC the haspi r this certi detached arte Dept. a		MEDICAL	20c. TIME OF INJUR Hour o.m. p.m.	Month, Doy, Yeor	20d. INJURY While of work	Not While at work			URY (Home, form , office bldg., etc.)		(City or to	own)	(County)	(Stote)
ATTENDING stained by the CTOR: After the Shauld be do ith the State	4.		21. I certify	that () (this has	pital) attended	the deceased	fram_1	9 5	Sep , l	9 67.	to20	Sep	187,	that (1)x(we) las
ATTENI etained CTOR: / shauld			saw the dec	eased alive on		_1967.0	and that	death	occurred at	4:20	M, from co	iuses and	an the d	ote stoted obove
OR ATTENI be retained DIRECTOR: A le 3 shauld ed with the	₹		220. SIGNATURE	Now It	Mal	med	M.D.	PHY	NDING	MED. DIRECTOR	STAFI		22b. DATE SI	p 67
AL CAL	1		22c: PHYSICIAN'S NAME (Type)	AETANO F	MOLTN	ARI, CAP	T.US	22d	MC A				Andre	ws 20331
OSP JNE Stor		230	REIDIAL CREMATION	23b. DATE THE	REOF 23	Bc. NAME OF CEME					OCATION (Cit		(Cour	
Page 4 m Page 4 m O FUNER director, shauld b			REMOVAL (Specify) Removal	9-21-		GRANDVI	EW C	EME	ETERY		cron,	Ohi		(
		24	FUNERAL DIRECTOR			ADDRESS			2So. REC'	BY REGIST	RAR	25b. REGIST	RAR'S SIGNA	
VR A15 (4) 25M 1/67			Joseph 5130 Wi	Gawler's	No ons W	ash DC			DATECE	D 27	1967	gol	400 THE BUY	yes fights

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	2/			16006	U		CERII	FICALE	OF DEATH			128	130	
er death funeral	\$ \$\	1)		PLACE OF DEATH					2. USUAL RESIDENCE o. STATE	(Where deceas	ed lived, if institu b. COU	VTM	1	sslon)
fu fu		/		Pri	nce George			RYLAND	Md			Char		
aft the	Pages urs aft		-	O. CITY OR TOWN (f outside corporate limit give negrest town)	s,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o			IRAL ond give	neorest town))
ours after	Pour			(1)	UNTON				WA	6DOR,	F		08:	2
executed within 24 hours after to completely filled in by the framave carbon papers. Pages any event, within 72 haurs after	2 S			I. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in hospitol,	give street oddress)		d. STREET ADDRESS					ESIDENCE FARM?
	W	1	Clinton	Community	Hospit	al		Clinton.	Mil				NO	
	75		NAME OF		rst	Middle		Lost	4. DATE	Mon	ith	Doy	Year	
			DECEASED Type or print)	Olive	A. Do	yle			OF DEATH	Se	ept. 11	L 1'	967	
		S. 5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔲	B. DATE OF BIRTH	9	. AGE (In years lost bigthday)		YEAR IF UND		
o F	remave any ev			Fe	W	WIDOWED	DIVORCE	ED 🔲	9-17-180	85	87 yrs.	MOIIIIIS	חסטו:	rs Min.
	_				(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County	y & Stote, or for	eign country)		ZEN OF WHAT	
he death certificate t attending physician permit. Then please iton, ar remaval, and	ase		duri	ng most provocking	life, even if retired)	10	NURSE	-	10W	9		800	SA.	
	ple ol, c		13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	hen		(HRISPO	THER AU	THEN	RIETH		UNI	KNOW.	W			
	rem		15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17.				ess	100	
	rm'		(16	s, no, or unknown)	(If yes give wor or dotes	of service)	NONE	TI	AMES A D	OYLE	RAI:	TON	10	
	-			1B. CAUSE OF DE	ATH (Enter only one con	use per line for	(o), (b), ond (c).)	A >	11				INTERVAL B	BETWEEN
to . 4	nsit			PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	ugest.	we	Heart	10	reluc	1	ONSET AND) DEATH
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uire hysi qne	uria			Conditions, if ony, rise to immediat		(b) //	parque	my.	-arrens	and in	age of		Civ	()
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aw ndin bee	as the			last.)	(c)	eng a	600		7	7	00		
tter das	e as		×	PART II. OTHER SI	11 11.	- 0			THE TERMINAL DISEASE CO	INDITION GIVE	N IN PART I(o)		19. WAS AL PERFOR	UTOPSY RMFD?
or or te h	alth	2	ICATION	-/	Perfor	ud	and	m					YES 🗌	NO E
IAN fico	far He		14	200. ACCIDENT WAS	UNDERLYING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port I or Port	If of item IB.)	11		
Spinspi	t. a		L CERT		MEDICAL EXAMINER)		100							
PHY e ho	etac Dep		MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Yeor		NJURY OCCURRED Not While		CE OF INJURY (Home, for ory, street, office bldg., etc		(City or town)	(Cour	ity)	(Stote)
하하	de		W	p.n	n. 19		k la ot work							
Aft,	Ste			21. I certif	fy that (I) (this has	pital) atten	ded the deceased	from	t death accurred a	19, to	1	, 19	_, that (1)	(we) le
TEN ine	agt.				eceased olive on_		19,	and that	t death accurred a	tM	, from couses			ed abo
reto	wit w			220. SIGNATURE	do Lu	. re	shele		ATTENDING (MED.	STAFF PHYS.	22b. DAT	ESIGNED	// 57
be be	ed			DI DINGGANIS				M.(D. PHYS. ALL	DIRECTOR	LJ PHYS. L	1 7/	///	6/
A A S	e fi	1		22c. PHYSICIAN'S NAME (Type)	ROBER	TW	MERKE	SE		VTO	V .	MD		
Page 4	directar, shauld b		230	BURIAL, CREMATIC		EREOF	23c. NAME OF CEN	METERY OR	CREMATORY	23d. 10	CATION (City or To	own) ((ounty)	(Stote)
0000	di s			BURL	46 1110	16%	11156	N G	TON NAT	6 /	017	14/1	=1	1/11
VR A1	15 (4)		24.	FUNERAL DIRECTO	RUHINNE	0 00	50 DRESS	TOS,		D BY REGISTR		EGISTRAR'S SIG		
25M	1/67		6	0,001	THMBEK	5 60,1	NC. WH	HIN	TO NO DE STES	EP 13	1967	Marl	By Jus	700
											23		4.0	/

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12821

CERTIFICATE OF DEATH

12831

		I fo O ke A	CERTIFICATE	. OI DEATH	J. A	TOOL
	1. P	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution: Reside	ence before odmission)
	9	COUNTY	MARYLAND	o. STATE	b. COUNTY	
	b	CITY OR TOWN (If outside corporate limits,	C. LENGTH OF STAY IN 1b	Mary ar	utside carparate limits, write RURAL and gi	
		write RURAL and give nearest town)	C. ECHOIL OF SIXE IN 10	c. chi ok tovin (ii oc	Aside turpulate ilians, write kokat and gi	ve lieutest town)
		Clinton	4 mo.	Brand	ywine	161
	d	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	ol, give street address)	d. STREET ADDRESS)	e. IS RESIDENCE ON A FARM?
0	F	ineview Gardens		14800 Rd.	Rta Box 301A	YES 🔼 NO 🗌
	3. N	NAME OF First	Middle	Lost	4. DATE Month	Doy Year
	- (Type or print) William Henry	4 Duckett		OF DEATH	20 1967
	S. S			B. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS.
		M C WIDOWE		12/17/10	last birthdoy) Months	Doys Hours Min.
	100		KIND OF BUSINESS OR	N DIDTUDLACE (County	& Stote, or foreign country) 12. (CITIZEN OF WHAT
		ng most of working life, even if retired)	INDUSTRY	01	",	COUNTRY?
		Carctaker		Charles co		uted States
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	Z	ebra Duckett		Ludia R	obinson	
		WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address By	4376 1
		s, no, or unknown) (If yes give wor or dotes of service)		mas (D	uckett Hunting	Town Md.
		1B. CAUSE OF DEATH (Enter only one couse per line	for (a) (b) and (d)	mes Ci C	acher manning	INTERVAL BETWEEN
		PART I DEATH WAS CALISED BY-		30-7-00	PARTE	ONSET AND DEATH
		1/22	MRDIO -REST	7/2/10/24/11	/EFEED/	
		Conditions, if ony, which gove)	The sa live			
		rise to immediate couse (a)	EXECUTED TYSO	LUCAS AC	-CIDENT	
		stoting the underlying couse DUE TO	7=-		11-55 - T	
		last. (c) /1/-	4 EROSCIBLO.	55 411	PERIENSION.	
	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
2	AT 0	CHRONIC URINADO	TENS INFECT	Tons. Pos	SIBLE SEPSIT	YES NO
1	CERTIFICATION		DESCRIBE HOW INJURY OCCURRED.		Port I or Port II of item 1B.)	11
	E	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	N		I. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	m. 20f. (City or town) (C	County) (Stote)
	MEDICAL	Hour o.m. W	hile Not While for	tory, street, office bldg., etc.		(5.010)
	-		vork U ot work U	7		250
		21. I certify that (I) (this hospital) att	ended the deceased fram_	1-25	1967, ta 9-20, 19	O/, that (I) (we) las
			19 <u>6</u> and the	of death occurred of	$(2^{30}A$ M, from couses ond on	
		22o. SIGNATURE	1/1	ATTENDING	MED. STAFF 22b.	DATE SIGNED
		RALPH COW, M.D.	" HANM	.D. PHYS.	DIRECTOR PHYS.	
		22c. PHYSICIAN'S	Α. Α.	22d. ADDRESS FY	NE VIEW GARDEN	25
		NAME (Type) RALAY LO	EW, MID.			
1	230	BURIAL, CREMATION 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
)	4	SEMOVAL (Specify) 9-23-6	7 apostolic Ch	, Cemeteres	Brandywine Pr	Goo's ml.
	24.	FUNERAL DIRECTOR 1 1	ADDRESS	2So. Bec	D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
	(Ma. 1201/1-1-201	Aulenan 1	md purar	D BY REGISTRAR 25b. REGISTRAR'S	les judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove tarbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death.

VR A15 (4) 25M 1/67

The state of the s with the design of the second THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

12822 FOR STATE HEALTH DEPT. tate Denartment of "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

Withe

5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2(Health prior to burial, cremation, or removal, and in ony event within 72 hours after deat

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death.

necessory, please execute the certificate, writing the word

VR A15ME 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12832

1. PLACE OF DEA o. COUNTY	TH			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY CONTROLLED							
	Prince Georg		MARYLANI		Md. Physical Ges						
b. CITY OR TOV	VN (If outside corporate limits and give neorest tawn)		c. LFNGTH OF STAY IN 1b	c. CITY OR TOV	VN (If autside ca	rparate limits, v	vrite RURAL and	give nearest	tawn)		
	Hvattsvill	e	4 mos.		Takoma	a Park			15	2	
d. NAME OF HO	SPITAL OR INSTITUTION (If no	it in haspital, give		d. STRFFT ADD				6	ON A FA		
0 Hya	ttsville Nurs	sing Hom	e	7520	Maple	Ave.,	Apt. 30	4	YES	-	
3. NAME DF DECEASED	Fi	st	Middle	Last	4. D/		Manth	Day	Yea	ır	
(Type or print)		Sara	A	Dyer	DE	ATH	9	2		67	
5. SFX	6. COLOR OR RACE	7. MARRIFD	NEVER MARRIED	B DATE OF BIRTH	Н	9. AGE (In last birt		DER 1 YEAR	IF UNDER Haurs	24 HRS. Min.	
F	W	WIDOWED	DIVORCED [28cJuly	1888	7	9 412	5 5013	110013	nun.	
during most of wor	NION (Give kind of work dane king life, even if retired) Secretary	, INDU	o of Business or ISTRY Governme	11. BIRTHPLAC	CE (State or fare	gn cauntry)	12.	COUNTRY 3	WHAT		
13. FATHER'S NAM			7000.014110	14. MOTHER'S	MAIDEN NAME			We Co			
Harry	C. Duer			P: 1	lie Cle						
IS WAS DECEASED	FVER IN I'S APMED FORCES?	16. SO	CIAL SECURITY NO.	17. INFORMANT	me ne	520 Mar	Addressver	2110			
(Yes, na, or unknow	wn) (If yes give wor ar dotes o	f service) 577-	-46-9229 A	Helen K. D	yer -	Takoma 1	ark, Mo	rylan	ıd		
1B. CAUSE O PART I.	F DEATH (Enter only ane cau DEATH WAS CAUSED BY:), (b), and (c).) Heart fail	lure					RVAL BET		
420	IMMEDIATE CAUSE		Heart rais	Lare				1133			
	any, which gove	(b)	Arteriosc	lerotic hea	art dis	ease		v	rs.		
	diate cause (a), DUE	, ,	112 007 2000	20020 110							
last.	inderlying coose	(c)									
PART II. OTHE	R SIGNIFICANT CONDITIONS C	ONTRIBUTING TO	DFATH BUT NOT RFLATFD	TO THE TERMINAL DIS	EASE CONDITION	GIVEN IN PART	1(a)		WAS AUTO PERFORME S	PSY ED? NO	
CAUSE OF DFA	r CONTRIBUTING	20b. DESCI	RIBE HOW INJURY OCCUR	RED. (Enter nature of i	injury in Part I a	r Part II af item	1B.)				
20c. TIME OF House	INJURY Manth, Day, Year o.m. p.m. 19	20d INJU While at wark [Not While	e. PLACE OF INJURY (Ha foctory, street, office b		Of. (City ar t	awn)	(Caunty)	(2	Stote)	
21. I ce	rtify that I took charge	of the remo	ins described above	e, held on Autopsy	/ [], Insp	ection X,	Inquiry 🕱	, ond	in my	opinion	
deoth re	sulted from: Noture	ol couses X	Accident .	Suicide , Ho	omicide .	Undetermi	ned monner				
4671141		1/ 4	4	O CHIEF	MEDICAL EXAMIN	IER 🔲					
SIGNATURE_	oti	mI	eno	M.D. ASSIST	ANT MEDICAL EX	AMINER			2. DATE		
EXAMINER'S NAME (Type)	John Kehoe	M.D.,	Riverdale		Y MFDICAL EXAM ss (Street, city, to			9.	-3-6"	7	
230. BURIAL, CREN		RFOF	23c. NAME OF CEMETERY	Y OR CREMATORY	230	LOCATION (Ci	ly ar Tawn)	(Caunty)	(\$1	tate)	
REMOVAL (Sp	tion / Sent-6	1967	Port line	oln Cremat	OMU P	rince (entaes.	Co. M	d.		
24. FUMPRAL PUR	1998 Cart Coller	Carter 84	134 Algebraia	Avenue 2	Sa. REC'D BY RE		25b. REGISTRAR	'S SIGNATUR	F		
Warner 3	Diempha	9,00 C		MI	SFP	8 1967	St'Era	A. 41			

Si Jail colline AND AREAL MAN TO AN TONIN a legitare a retine Le tred montains and A. C. C. Suramous C. Visicoco, C. S. The state of the s The state of the s .

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay an ecosory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the functal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 7 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

2

2

VR A15ME 3500 4-64 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12833

							00	
1. PLACE OF DEA	rH ce George's		a. STATE	ENCE (Where dece		tution: Residence Y nce Geo		(ssion)
		MARYLAN B. I C. LENGTH OF STAY IN						town)
	WN (if outside corporate limits L and give nearest town)	o, c. LENGIN O. OTAT IN	Kentlar		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11	1
	erly						16 05010	PHOF
d. NAME OF H	OSPITAL OR INSTITUTION (If no	it in hospital, give street addre					e. IS RESID ON A FAR	RM?
	George's Gener			79th Aven				10 🗓
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day		,
(Type or print)	James	E.	Eader	DEATH	Septemb		13	
5. SEX	6. COLOR OR RACE 7. MAR	RRIED X NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years III last birthday)	UNDER 1 YEAR	IF UNDER 2	24 HRS.
Male	White WID	OWED DIVORCED	Jan. 30,1	944 2	KAC 23	ionths Days	Hours	IVIIII.
10a. USUAL OCCUPA	TION (Give kind of work done)	LOB. KIND OF BUSINESS OR	11. BIRTHPLACE	(State or foreig		12. CITIZEN	OF WHAT	
during most of wor	king life, even if retired)	INDUSTRY	Marylan			COUNTR	1SA	
13. FATHER'S NA	M.F.		14. MOTHER'S M			`		
			Bertha Co					
Robert	E. Eader		bertha co	sgrove				
15. WAS DECEASED	EVER IN U.S. ARMED FORCES? (If yes give war or dates of service)		17. INFORMANT		Address			
No	(11 yes give war or dates of service)		Ruth Eader	Item	# 2			
	DEATH [Enter only one cause	ner line for (a) (b) and (c)]				LINT	ERVAL BETW	WEEN
	EATH WAS CAUSED BY:	Massive skull	fracture			ON	SET AND DE	EATH
015	IMMEDIATE CAUSE (a)	Massive skull	LIACEULE					
813.	DUE TO		iple fractures, compound of left radius &					
Conditions, If	any, which (b) M	altiple fractur	es, compound	or lert	radius o	4		
gave rise to		lna & left tibi	a & fibula					
underlying car		ultilble fractu		1 bones				
	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMIN	AL DISEASE COND	ITION GIVEN INP	ART 1(a) 19.		
PART IL OTHER d) 1 20a. EXTERN PRIMARY X 10 CAUSE OF DE HOUR HOUR 6:40	Motorcycle-Autor	mobile Accident	(Operator o	f Motorcy	cle)	Y	PERFORM 'ES N	IO A
20a. EXTERN	AL CAUSE WAS r CONTRIBUTING MC ATH.	ob. DESCRIBE HOW INJURY O	OCCURRED. (Enter natur	e of injury in Par	t or Part of	Item 18.)	10)	
B CAUSE OF DE	ATH.							
정 2Dc. TIME OF			PLACE OF INJURY (Hom	e, farm, 20f. (City or town)	(County)		tate)
6:40 F		While Not While 13	factory, street, office bld.	ghtseat	Rd.,Lando	over,P.	G. MD	•
21. I certi	fy that I took charge of th	e remains described above	, held an Autopsy	, Inspection	K, Inquir	y X, an	nd in my op	pinion
death resu	Ited from: Natural Cause	s. Acident X.	Suicide . Hom	nicide ,	Undetermined n	manner 🗌		
		17 11 7	CHIEF MED	ICAL EXAMINER				
ACTUAL	1.126	len	ASSISTANT	MEDICAL EXAMI	NER 🗍	2	2. DATE SI	IGNED
SIGNATURE	19-11	001	IYI+D+	DICAL EXAMINER			9/25/6	7
EXAMINER'S NAME (Type)	John Kehoe			treet, city, town,		erdale,	Md.	
	MATION, 23b. DATE THEREO	F 23c. NAME OF CEME	TERY OR CREMATORY		CATION (City, toy		(Stat	rte)
REMOVAL (S	MATION, 23b. DATE THEREO	Parklawn		Rock	ville, Md.			
24 FUNERAL DU	RECTOR	ADDRESS	25a.	REC'D BY REGIS			NATURE	450
Tyson Whe	eler Funeral Ho Rockville.M	me 1331 Rockvil	le Pike	CEP 29		Tuesto	Day of	1

a base losses B' DUILOG DON' 1.5. (1.,1 Three door o's energy to a control of the control o • 30165 The state of the s The second second DE COURT DE LEGIS DE restures, economia televistes e ວາກຕົ້າ . ສຳພັນ ປີກັນ ພັນ ຄົກ. ກ nonce in one of the control of the c THE STATE OF THE PROPERTY OF THE STATE OF TH latineye e-unicapille nee con y peretor al : threedo) A STATE OF THE STA

USA Address INTERVAL BETWEEN ONSET AND DEATH Compound fracture of left hand & left femur Motorcycle-automobile accident. (Passenger on Motorcycle) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO X YES [20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert 1 or Part 11 of Item 18.) Motorcycle-automobile accident (Passenger on motorcycle) (County) (State) Md. 1300block Brightseat Rd., Landover, P.G. and in my opinion Inquiry Undetermined manner 22. DATE SIGNED 9/25/67 Address (Street, city, town, or county) Riverdale, Md. 23d. LOCATION (City, town or county) Rockville, Md. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE yson Wheeler Funeral Home-1331 Rockville Pike VR A15ME Rockville.Md 3500 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO X

1967

24

12. CITIZEN OF WHAT

COUNTRY?

13 (17) ב תפנ נטו כ'ב in it to conjust a contract form tol 10 101 2011031102111 мы э. э. — на эл то этгээт, то соцы is e au irreine, compan, car sice FLORE JC C-EURO DELLC TOC THE. (ERICH OF OF FORCE) LC. es espele-ens mobile destient visitem et un motore, ele, Property of the second of the

13 3 honlynn SALS Varment Arewos Ingleson Investor colla All Miranviolity (41) The Later of the same altrave has be 3yerfl note and a state of the second state of T-91, 02, 3642 . Indiable Entered Assertant conies Pactant Pasens. ". U. A STATE OF THE PROPERTY OF THE

THE PROPERTY OF THE PARTY OF TH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12835

# oof		1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission)
के विक			o. COUNTY	a. STATE Md b. COUNTY Man tacmaley
可一多了声			PRINCE GEORGES MARYLAND	
S of S		3	b. CITY OR TOWN (If autside carparate limits, rite RURAL and give nearest town)	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
hours n by rs. Pa haurs			HUHHSVILLE 2420 4mos	S Takoma Pakk 152
ho in irs.		-	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
cecuted within 24 completely filled nave carban pape event, within 77	90		HyAHSville Muksing Home	404 Lincohn aul VES NO ET
withi ban t	-		NAME OF First Middle	Last 4. DATE Manth Day Year
d with	- 1		DECEASED (Type or print) ROU Ed	INCER DEATH Sept 16 1967
mplet ve cor		S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER YEAR IFUNDER 24 HRS.
and comprehense			m white widowed overced	8-1-1880 lost birthday) Manths Days Hours Min.
and rem			a. USUAL OCCUPATION Give kind of work done 10b KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT
an ase		duri	ring most of working the, even if retited) The INDUSTRY	Bennsylvania COUNTRY?
icat sici ple I, a		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
death certificate be executed trending physician and comple rmit. Then please remaye and, or remayal, and in any even	Λ		Frank Edinger	MARN Gibb
th of ling	30	15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 47.	INFORMANT Address ADH Leuce Ales
attending permit. The	1/1	Ye	es, na, ar unknown) ((If yes give war ar dates of service)	Mar. Kearne Minar De Jak H
o o o	4		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
4 . 2	3		PART I. DEATH WAS CAUSED BY:	til heart diceace unt onset and DEATH
that an. by t rans crem	0		4200 IMMEDIATE CAUSE (a) ATTENOSCIEVO	OIC MENT COUNTY
sici sici al-la	6		Conditions if any which area	uscular accident. 2 mos.
physic physic signe burial burial	2	>	rise to immediate cause (a),	acujar acciaca. 1 mos.
ng ng le k	1		stating the underlying couse DUE TO	THE RESERVE TO A SHAPE S
e law tendir us bee as th priar i	C		last. (c)	
as as	2	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
in or	28	ATIC	Fracture, right temur.	YES NO NO
AN: Tal ar al ar us far us Healt		TIFIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Port I or Part II of item 18.)
Ditie Die	7	CER	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Fell in nur	sing home due to above.
HY has be seen the sept.	200	B		ACE OF WURY (Home, farm, 20f. (City ar town) (Caunty) (Stote)
the the De De De	17	MED	Haur a.m. / While Not While of	ictory, street, affice bldg., etc.)
NG Ny t ter ter tate	4			ursing home Hyatsv. The bes me
d b d b d b d b d b d b	0		21. I certify that (I) (this haspital) attended the deceased fram_	
OR.	4.		saw the deceased alive an sept 16 1967, and th	
A S D S T			2207 SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
be the best best best best best best best bes	V		ander Temper	A.D. PHYS. DIRECTOR PHYS. 1918/6/
and a second	10		22c. PHYSICIAN'S	22d. ADDRESS
HOSPITA age 4 may FUNERAL irector, po	2		NAME (Type) William F. Simpson	6216 N. 17. an M2
Page 4 FUN FUN directo	X	23 a	a. BURIAL, CREMATION. 236. DATE THEREOF 23. NAME OF CEMETERY. OF	R CREMATORY . 23d. LOCATION (City or Town) (County) (State)
Page O FUN direct shaul			Burial Supl 20, 1967 St. Jusepha	Cemetery Warren Perena
	~	24	4. FUNERAL DIRECTOR CADDRESS	AA ZSO. REC'D BY REGISTRAR ZSb. REGISTRAR'S SIGNATURE
VR A15 (4) 25M 1/67	(-7	2/	Tother Walley, 254 Carrall Me Not Way	A C DATE SEP 2 0 1967 piliantes judge
		1	Many and and and and	The state of the s

Harry and to 1847 the markey County to be a first that the state of MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0007

		10000			CEKTIFIC	AIE	OF DEATH			128	36	
		PLACE OF DEATH o. COUNTY P	rince Georg	ges	MARYLA		usual RESIDENCE	(Where deceose			before adm	
		b. CITY OR TOWN (write RURAL open Seat P	If outside corporate limit give nearest town) Leasant	s,	c. LENGTH OF STAY IN	lb c.	CITY OR TOWN (IF	outside corporot		IRAL ond give	neorest tow	n)
		d. NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspital,	give street address)	d	STREET ADDRESS				e. 15 F	RESIDENCE
0			dison Road				409 Ac	dison	Road		YES [A FARM?
		NAME OF DECEASED (Type or print)	PATRI	CIA	Middle ANN	E	Lost DWARDS	4. DATE OF DEATH	Mon Septer		Day 8	Year 19 67
	S.		6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		ATE OF BIRTH 2-3-1952		AGE (In years last birthday)	IF UNDER 1 Y	EAR IF UI	NDER 24 HRS.
		. USUAL OCCUPATION ing most of working Studen	(Give kind of work dane life, even if retired)		IND OF BUSINESS OR NDUSTRY		1. BIRTHPLACE (Count			12. CITIZ COUN	EN OF WHA	Ī.
	13.	FATHER'S NAME Bernar	d R. Edward	ds. Jr.	Hale T	14	Mildred .	NAME				
	1S. (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates	16.	SOCIAL SECURITY NO.	17. INFO			Addr 409 Add		oad	
		PART I. DEAT	ATH (Enter only one collin WAS CAUSED BY: IMMEDIATE CAUSE	h.	(a), (b), ond (c).)	w	of Lie	mith			INTERVAL ONSET AN	BETWEEN ND DEATH
		Conditions, if ony rise ta immediat stating the under	e cause (a),	(b)	m	ita	let de	re/			9n	mitte
2	NOI	PART II. OTHER SI	GNIFICANT CONDITIONS ((c)	TO DEATH BUT NOT RELATE	D TO THE	TERMINAL DISEASE CO	ONDITION GIVEN	I IN PART 1(a)		19. WAS	
	CERTIFICATION		SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. Di	ESCRIBE HOW INJURY OCCU	JRRED. (Ente	er nature af injury ir	Port I ar Part	11 of item 18.)		YES	NO [
	MEDICAL	20c. TIME OF INJU Hour a.r p.r	JRY Manth, Doy, Year n. n. 19	20d. I While at wor	Nat While		F INJURY (Home, for street, affice bldg., et		(City or town)	(Coun	Υ)	(State)
			fy that (I) (this has	pital) atten	ded the deceased from 1962, and		eath accurred a	19 6 7, to	fram causes	, 19 <u>_6</u> and an the	that (I) (we) las
		22a. SIGNATURĘ 22c. PHYSICIAN'S	Cliam	Br	ami	/ M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	22b. DATI	VIGNED/6	>
		NAME (Type	WM.	DKAI	NIN		6/240	into	Ane	Corper	7 B	L My
	23a.	BURIAL, CREMATIC			23c. NAME OF CEMETER Resurrect				ATION (City or To		ounty) /	(Stote)
7	24.	FUNERAL DIRECTO 308 Suit1	Robert E. and Road	Wilhelm Suitla	n Funeral Ho		250. REC	EP 13	1967 P	GISTRAR'S SIG	NATURE	yes .

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon capers. Page shauld be filed with the State Dept. at Health prior ta burial, crematian, ar removal, and in any event, within 72 hours a

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12828

CERTIFICATE OF DEATH

12837

	CERTIFICA	IE OF DEATH	1	2031
1. PLACE OF DEATH COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (V o. STATE Maryland	Where deceosed lived, if institution: b. COUNTY Prince	Residence before odmission) Georges
b. CITY OR TOWN (If outside corp.	orote limits, c. LENGTH OF STAY IN 1b		itside corporate limits, write RURAL o	
Cheverly	3-1/2 days	Mt. Rain:	ier	16-1
d. NAME OF HOSPITAL OR INSTITU	TION (If not in hospitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
Prince Georges	General Hospital	3200 Rhode	e Island Avenue	ON A FARM? YES NO X
3. NAME OF	First Middle	Lost	4. DATE Month	Doy Year
DECEASED (Type or print)	Catherine F.	Feddon	OF Sept.	22, 1967
S. SEX 6. COLOR OR	RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
Female White	WIDOWED XX DIVORCED	Jan. 6, 1	899 lost birthdoy) Mc	onths Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of during most of working life, even if reti	red) INDICTRY	11. BIRTHPLACE (County	& Stote, or fareign country) D . C	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Inc	14. MOTHER'S MAIDEN I		0,0,1,
Thoma	s R. Nalley	Ka	thryn Murray	
IS. WAS DECEASED EVER IN U.S. ARME		7. INFORMANT	Address	124-N. Grayso
(Yes, no, or unknawn) (If γes give wo	577-40-3881	Thomas F.	Feddon - St.	Alax. Va.
18. CAUSE OF DEATH (Enter on	lly one couse per line (or (a), (b), and (c).)	(Son)		INTERVAL BETWEEN
PART 1. DEATH WAS CAUSE	D BY: ATE CAUSE (0) CALS Alexe Of	rest-		ONSET AND DEATH
1420	DUE TO 1	0		1
Conditions, if ony, which gove	(b) Pylingnary	& Kleine		16ks.
rise to immediate couse (a), stating the underlying couse	DUE TO A	r 14	0 671	
last.	(c) por malsatu	el STWhos-	Jarof Helony	
PART II. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
E March	out Ammas	HI Days	he sland	ES NO X
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	ZOb. DESCRIBE HOW INJURY OCCURRE	ED Linter nature of injury in	Port I or Part of item 18.)	1711)
20c. TIME OF INJURY Month, Do Hour o.m.		PLACE OF INJURY (Home, farm foctory, street, office bldg., etc.)		(County) (State)
21. 1 certify that (I) ((this drawnited) attended the deceased from	9-18 1	9 67, to Sept. 22,	, 1967, that (1) (xxx) las
saw the deceased aliv	ve an Sept. 22 19 67 , and t	hat death occurred at,	4:30 M fram couses and	an the dote stated above
220. SIGNATURE	/ /m/6/	ATTENDING	MED. AM STAFF	22b. DATE SIGNED Sept. 22,1967
22c. PHYSICIAN'S NAME (Type) Rich:	ard D. Bauer, M. D.	22d. ADDRESS 2513 Buck	lodge Road, Adel	phi, Maryland
REMOVAL (Specify)	DATE THEREOF 23c. NAME OF CEMETERY CO. 25/67 Coder Hi		23d. LOCATION (City or Town)	
24. FUNERAL DIRECTOR Nall		Com 250. RECE	Suitland M By REGISTRAR 255. REGIST D 2 7 1967 CC	RAR'S SIGNATURE
Funeral Home	Inc Meraland	inier, DATESE	P 27 1967 gcc	iones Judges

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbor pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removol, and in any event, within 70 bours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

72 hours after deal	a. COUNTY Prince	Georges		MARYL		2. USUAL RESIDENCE o. STATE Mary land		b. COU Prin	nty nce G	eorg	es	on)
	Chever1	J		c. LENGTH OF STAY IN 8 days	1b	c. CITY OR TOWN (If o		parote limits, write RU	RAL and giv	/	611	Dence
14		Georges Gen				d. STREET ADDRESS 4908 22nd	d Pla	ce			e. IS RESII ON A FA	ARM?
	3. NAME OF DECEASED (Type or print)	Fi	rst Margar	Middle et M.	F	lost	4. DAT OF DEA	0		Day		or 67
3	S. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8	2/21/06		9. AGE (In years lost birthdoy) 61 yrs.	Months Months	1 YEAR Doys	Hours	R 24 HRS. Min.
C	during mast af warkir	DN (Give kind af wark done ag life, even if retired)	10b. KII		11. BIRTHPLACE (County & Stote, ar foreign country) Swampscott, Mass 12. CITIZEN O COUNTRY					WHAT	Α.	
	13. FATHER'S NAME Lester	M. Doane				14. MOTHER'S MAIDEN Margare		Carthy				
		VER IN U.S. ARMED FORCES? (If yes give wor or dates		OCIAL SECURITY NO.	17. 1	NFORMANT		Addr	ess			
	18. CAUSE OF PART I. DE	DEATH (Enter only one con ATH WAS CAUSED BY: IMMEDIATE CAUSE	()	(1), (b), and (c).) Nellman	ia	1 1		A A			ERVAL BET SET AND D	
	Canditians, if ar rise to immedi stoting the und	ate cause (a),	(b) US	ronelio !	Ero	plengeul	For	Aula				
2	PART II OTHER	SIGNIFICANT CONDITIONS ((c)	O DEATH BUT NOT RELA	TED TO	THE TERMINAL DISEASE CO	ONDITION (GIVEN IN PART 1(0)			WAS AUTO PERFORM	OPSY NED?
2		AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY OCC	URRED.	(Enter nature af injury in	Part I ar	Port II of item 18.)				
	Hour o	IJURY Month, Day, Year o.m. 19	20d. IN While ot work	Not While		CE OF INJURY (Home, for ary, street, office bldg., etc.		f. (City or town)	(Co	ounty)	((Stote)
	saw the	t ify that (I) (this has deceased alive on	eital) attend	led the deceased f 31907, ar	rom_ nd thay	death occurred a	1964	, to Sery 4 M, from couses	and an	he dat		las above
	22a. SIGNATUR	Fronk WI	llon	Work	M.I.		MED. DIRECTOR	STAFF PHYS.	_	PEPE.	25,19	967
1	22c. PHYSICIAN NAME (Typ		illiam	Ware, M. D	•	22d. ADDRESS 2	59	Ege HIN	W	77	C	,
)	230. BURIAL, CREMA REMOVAL (Speci		FREOF 7-67	23c. NAME OF CEMET GEORGETO		MEd.S		LOCATION (City or To	edicidad.c	(County		State)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or attending physician. VR A15 (4 25M 1/67

250. REC'D BY REGISTRAR
1967

25b. REGISTRAR'S SIGNATURE VCULORLOS Jungas

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FOR STATE/	1	12830	MEDICAL EXAMINER'	S CERTIFICATE	OF DEATH	12033
HEALTH DERT!	T	PLACE OF DEATH				tution: Residence before odmission)
is to to of		o. COUNTY	MARYLAND	o. STATE Maryland		ounty ace George's
	-	Prince George : b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c CITY OR TOWN (IF	outside corporate limits, write	RURAL ond give nearest town)
f any delay 1, 2, and 3 m PM3. Pa Deportment		write RURAL and give nearest tawn)	The state of the s			16.1
P. P.	-	Suitland	DOA	Forestvil	10	A PERIODICA
n, 2		d. NAME OF HOSPITAL OR INSTITUTION (If no	t in haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Fe for a	1	Andrews Air Force I	Rame Hospital	Rt. 1, Bo	ox 1339 Flower	s Lane YES NO
hours after deoth. If Item 18. Give Poges 1, Office olong with form I ond with the Stote De r debitions	3.	NAME OF Fire	st Middle	Lost	4. DATE Mo	onth Doy Year
deoth e Pog with		(Type or print) Regins	Too	Fletcher	OF DEATH	9 27 19 67
Give ong w	2 4	(Type or print) Reginal SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B DATE OF BIRTH	9. AGE (In years	
18. Gir					lost birthdoy)	Months Doys Hours Min.
S e s		emale Negro	WIDOWED DIVORCED	1-16-1963		
in Item in Item er's Office ges Iond ofter de		o. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
(t)	00	ing most of working life, even if retired)	None	Mal		11.519
hin 24 ncil in niner's poges urs offe		FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Id be executed within 2 rd "pending" in pencil i Chief Medical Exominer fronsit permit. File page event within 72 hours o	-	TAMES & Flet	cher	M701 A	NNA PEREZ	
Exo P K	-	WAS DECEASED EVER IN U.S. ARMED FORCES?		7. INFORMANT	NNA JEGIC	dress
executed inding" in Medical E permit. F		es, no, or unknown) (If yes give wor or dotes of	f service)	MARY A. 1=	111	SAMENS 2D
d be executed d "pending" i Chief Medical rousit permit.		No Non	c None	MARY HIL	letchen)	mmens 20
Me Me will		1B. CAUSE OF DEATH (Enter only one cou-	se per line for (a), (b), ond (c).)			ONSET AND DEATH
be ief ief ief ent		PART I. DEATH WAS CAUSED BY:	(o) Crushing injury o	of chest and	abdomen	min.
should be the word "perior the Chief buriol-tronsit any event"		830. 4 DUF				The second second
the Charlet any ev		Conditions, if ony, which gove	(h)			The state of the s
the to to to in a		rise to immediate couse (a), DUE	TO			
ote g th d ii		storing the underlying couse	/)			
writing tworded worded sed os a rol, ond		lost.	(c)			Lio Was AllTonsy
s certificate should s, writing the word forworded to the C used os a buriol-tr lovol, and in any ex	Z	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED 1	O THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
	A S	The Carlot of Line 1971 In the				YES NO X
This icate, be for the tremo	CERTIFICATION	20o. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURR	D. (Enter noture of injury i	n Port I or Part II of item 1B.)	
: 불면 성능	CERT	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	0 1 1 1 1	0. 11	. 7 1	
EXAMINER cute the cer oge 4 shour ryour files. Poge 3 shour cremotion,		20c. TIME OF INJURY Month, Doy, Yeor	Crushed between	LCar and but PLACE OF INJURY (Home, fo	irm, 20f. (City or town)	(County) (Stote)
EXAMINE ute the ce age 4 shou your files Poge 3 sho cremotion,	MEDICAL	Hour o.m.	115.71 11.43.87. O	factory street office bldg of	te l	(2.0.0)
KAN /our /our oge	0 2	10:30ampm 9-27- 19	67 While Not While Dri	veway of hor	ne Same as	#2
Pog 7.		21. I certify that I took charge	e of the remoins described obove,	held on Autopsy	, Inspection x, In	nquiry 🔀, ond in my opinio
riol for				uicide . Homicio		
Se school ne chool ne chool but				· · · · · · · · · · · · · · · · · · ·	AL EXAMINER	
Me lea direction to to		ACTUAL / L	IX. Al	ACCICTABLE IA	EDICAL EXAMINER	22. DATE SIGNED
JTY I		SIGNATURE	,	MD.	ICAL EXAMINER X	
	7	EXAMINER'S Toba Kohoo	M D Prirondol - 1		eet, city, town, or county)	0.20 / 17
moy moy FUNE	-	NAME (Type) John Kehoe,				7-48-07
Theo Heo	23	BURTA), CREMATION, 23b. DATE THE REMOVAL (Specify)	11/10		23d. LOCATION (City of	1 / / / /
- FOA		7-20	1-67 MITCA	Unky	Forest VII	le Ma
VR A15ME(S)	1	4. FUNERAL DIRECTOR	Silars Denne	10- 250. BE	CD BY REGISTRAR QC7 25b.	REGISTRAR'S SIGNATURE
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2a, b, c & d Film #6393 10/11/67, ph

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

/	12837			CERTIFICAT	E UF DEATH		12040
1.	PLACE OF DEATH				CTATE	Where deceased lived, if institu	tian: Residence befare admission)
all the same		ince George		MARYLAND	o. STATE Marry	and va.	NTY Prince George
	b. CITY OR TOWN	If autside carparate limi d give nearest tawn) everly	its, c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	otside carparate limits, write RU	IRAL and give neorest town)
_				2 days	Lanha	m/ South Arli	ngton 833
		TAL OR INSTITUTION (If r			d. STREET ADDRESS]]	21 20th St.	Home e. IS RESIDEN
		nce George	's Genera	al Hospital	Magne	lia/Cardens/N	ursing yes no
3.	NAME OF DECEASED	F N	first Nartha	Middle N .	Last Ford	4. DATE Mon	
5	(Type ar print) SEX					DEATH	- 17
	Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2/17/83	9. AGE (In years 8 past birthday) yrs.	Months Days Hours
10d dur	o, USUAL OCCUPATION	N (Give kind af wark dan Green if retired)	10b. KIND (OF BUSINESS OR TRY		& State, or foreign country) ngton, D.C.	12. CITIZEN OF WHAT COUNTRY? USA
13	. FATHER'S NAME	John Kees	e		14. MOTHER'S MAIDEN	NAME known	
15	. WAS DECEASED EV	ER IN U.S. ARMED FORCES	? 16. SOCI		INFORMANT	Addr	
(T	No No	(If yes give wor or dates	579-	-48-7681 No	ellie Jennin	gs - Rt.#1,Box	325, Bowie, Md.
	Canditions, if any rise to immediat stating the under last.	te cause (a), orlying cause	(c) Coron	stive Heart ary Arterios	sclerotic Hea	art Disease	
NO	PART II. OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING TO D	EATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	Remin 19. WAS AUTOPS
CATI	Pyonep	hrosis, lei	ft side.	Peptic Ul	lcer, cardia	of esophagus.	YEX EX NO
L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCCURRED	. (Enter nature of injury in	Part I ar Part II af item 18.)	
MEDICAL	20c. TIME OF INJ Haur o.	IRV Month Day Year	20d. INJUR	V OCCUPPED 200 PL	ACE OF INTUINITY (III	n. 20f. (City or town)	(Caunty) (Sto
ME	p.	m. 19	While at wark	Nat While at wark	LACE OF INJURY (Home, farm actory, street, office bldg., etc.		
ME	21. I certi	m. 19 fy that (I) (this ho eceased alive on_	While at wark cospitoly attended	Nat While fa	actary, street, office bldg., etc.	9, to	38 19 67, that (I) (we
ME	21. I certi sow the d	ify that (I) (this had eceased alive on_	While at wark cospitoly attended	the deceased from_1942, and the	at death occurred at ATTENDING PHYS.	9, to	38 19 67, that (I) (we
WE	21. I certi	ify that (I) (this have alive on_	While at wark pospitoly attended	the deceased from1942, and the	at death occurred at ATTENDING PHYS. 22d. ADDRESS	19 to 11:05 PM, from couses MED. STAFF DIRECTOR PHYS. C	34, 19 67, that (I) (we and an the date stated of 22b DATE SIGNED
	21. I certi sow the d 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type	fy that (I) (this have eceased alive on_	while at wark company of the state of the st	the deceased from 1962, and the	at death occurred at ATTENDING PHYS. 22d. ADDRESS 3408 Rhoe	19, to	34 19 47, that (I) (we and an the date stated of 22b DATE SIGNED 7, Mt. Rainier, M.
	21. I certi sow the d 220. SIGNATURE	fy that (I) (this have becased alive on Leon R. ON, 23b. DATE TO	While at work Dispitor attended Levitsky HEREOF 2	the deceased from 1962, and the	at death occurred at ATTENDING PHYS. 22d. ADDRESS 3408 Rhock	19 to 11:05 m, from couses MED. STAFF DIRECTOR PHYS. C 123d. LOCATION (City or To	34, 1947, that (I) (we and an the date stated of 22b DATE SIGNED 7, Mt. Rainier, M. Own) (Caunty) (State
230	22c. PHYSICIANS NAME (Type	fy that (I) (this have eceased alive on	While at work Dispitor attended Levitsky HEREOF 2	the deceased from 1962, and the	at death occurred at AD. ATTENDING PHYS. 22d. ADDRESS 3408 Rhock R CREMATORY	9 to 1:05 m, from couses MED. STAFF DIRECTOR PHYS. C 123d. LOCATION (City or To Washing)	34 19 47, that (I) (we and an the date stated of 22b DATE SIGNED 7 3016 7 Mt . Rainier, M

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	- 50 C	() say		CERTI	FICALE	OF DEATH			1284]	
	PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceased lived,	h COUNTY		
1	Prince	Georges		MA	RYLAND	o. STATE Mary	and	P	rince	Geor
b	. CITY OR TOWN	(If autside carparate limit	s,	c. LENGTH OF STAT	/ IN 1b	c. CITY OR TOWN (If	autside carparate limits,	write RURAL and	give nearest to	awn)
	write RURAL a	nd give nearest tawn)				Beltsvil				16-1
	lverda		a to have test	1			rre			C DECIDENCE
C	. NAME OF HUSP	ITAL OR INSTITUTION (If no	of in hospital,	give street address)		d. STREET ADDRESS			e	S RESIDENCE ON A FARM?
Ei	igene 1	Leland Mem	orial	Hospita	1.7	4921 Pr.	George's	Ave.		□ NO
3. N	NAME OF	Fi		Middle		Last	4. DATE	Manth	Day	Year
	Type ar print)	A		T		Forner	OF SON	tember		19 67
5. 5		Anna 6. COLOR OR RACE	7. MARRIED	NEVER MARRI		. DATE OF BIRTH	Q AGE (In	Vents IF IN		UNDER 24 H
							9. AGE (Ir	thday) Mant		Haurs M
	emale	White	WIDOWED	DIVOR	ED 🔲	01/29/07	60	yrs.		
10a.	USUAL OCCUPATION	ON (Give kind af work dane g life, even if retired)		IND OF BUSINESS OR		11. BIRTHPLACE (Count	y & State, ar fareign coun	try) 12	COUNTRY 2	/HAT
duill	Hone	ewife		IDUSTRY Home			Wash	DC	COUNTRY?	JSA
13.	FATHER'S NAME	CWITE		TOME		14. MOTHER'S MAIDEN	NAME			10h_
					100					
AJ	cthur 1	MULTOY	1	cocial economy	177	Anne She	88	4.16		
		VER IN U.S. ARMED FORCES?) (If yes give war ar dates o	of convice)	SOCIAL SECURITY NO.		NFORMANT		Address		
1103	no	, in you give war ar addes t	2.	13 44 500	l F	eter C For	ner Bel	tsville,	Md.	
		DEATH (Enter anly one cau	se per lipe for	(o), (b), and (c).)		/	0 //		INTERV	AL BETWEE
	PART 1. DE	ATH WAS CAUSED BY:	-/0		1000	(6 61	11/1981			AND DEAT
	1538	IMMEDIATE CAUSE		2	10	1 2 1	1		5	V11
	Conditions if an	DUE	10	11/1/	11/1	11/1/1	11101		01	de
	Conditions, if an	nte couse (a)	(b)	mun	100	aun	and			
	stating the und		TO							
	last.		(c)							
_	PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING 1	TO DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEASE CO	ONDITION GIVEN IN PAR	T 1(a)	19. W	AS AUTOPS
2		Hall To N								RFORMED?
2	20- ACCIDENT W	AC UNDERLYING 🖂	T 001 00	CCDIDE HOW INHIDY	OCCUPACA .	For a first to	D . 1 D . 11 f .	10)	YES	NO NO
CERTIFICATION		AS UNDERLYING G CAUSE OF DEATH	20b. DE	SCKIBE NOW INJUKY	OCCURRED.	Enter nature of injury in	i rum i ar ran II of ite	m 18.)		
		Y MEDICAL EXAMINER)							100	
MEDICAL		JURY Manth, Day, Year		NJURY OCCURRED		E OF INJURY (Hame, fai		tawn)	(Caunty)	(State
ME	Haur'a	o.m. 19	While of war		Tacto	ory, street, affice bldg., et	(.)			
		tify that (I) (this has			d from	GMI 11	10/1/ to 18	11111	1962, that	(1) /
				10 10 decedsed	and the	death accurred a	784	Total Co	n the late	(I) (We
		deceased alive an	JA 1	1900	unu mat	death accurred a	IVI, Tram			патеа а
	22a. SIGNATUR	0 111.	711	11/11	/	ATTENDING	MED. ST	AFF 226	DATE SIGNED	1 11
	0	M	11111	NIN	M.D	PHYS.	DIRECTOR PH	AFF YS.	127 16	,19
	22c. PHYSICIAN		MM	1 111 1	11+	22d. ADDRESS	.11016	1/1/	21	,0
	NAME (Typ	e) ~ . N ,	11/1	4 IN. 1	1.//	171	werd	Me	1/11	1
230	BURIAL, CREMAT	ION. 23b. DATE TH	REOF	23c. NAME OF CE	METERY OF	PEMATORY	23d. LOCATION (ity or Town)	(County)	(State
200.	REMOVAL (Special	fy) Sont 19					,	, ,	. ,,	
0.0			, 1907		spurg	Cemetery	Greencas			Pa
24.	FUNERAL DIRECT	asch's Sons	IJ	ADDRESS	ма	2Sa. REC	D BY REGISTRAR	25b. REGISTRAF	R'S SIGNATURE	. 100
1	/ F.	ascn's ons	nya	attsville	, Ma.	DATES	EP 19 196	your	may yo	wage.

Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Lead contain the second La line Reputation But to Latend Memorita Hospital 1921 Tr. 100ras a live. 1 and the Anna Anna Anna Anna il reduction | Tear 1 ART OR LINES Thousand Life Company of the Company Anne sine JE TO SEE THE STORE - WITH SEE THE LOCAL PROPERTY OF THE SEC. Deligion of the control of the control of the light of the control

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1283	3		CERTIFI	CATE	OF DEATH			12	842		
PLACE OF DEATH O. COUNTY	Prince Geo	rass	MARYL		o. STATE	E (Where dec	b.	county Prince			n)
	(If outside corporate limit and give nearest town)		c. LENGTH OF STAY IN		CITY OR TOWN (I						
	Cheverly		3 days			attsvi	lle		/	6,1	/
	ITAL OR INSTITUTION (If n				d. STREET ADDRESS	12 111	ntridge	Dr		e. IS RESID ON A FA	ARM?
3. NAME OF DECEASED		rst	Middle		Lost	4. DAT		Month	Doy	Yeo	ar
(Type or print) S. SEX	Bes		R.		raser	DEA		pt.	26 ER I YEAR		67
	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B.	DATE OF BIRTH	1876	9. AGE (In year	y) Months		Hours Hours	Min.
emale 100. USUAL OCCUPATION during most of working HOUS	White ON (Give kind of work done of life, even if retired)	10b. KI	ND OF BUSINESS OR DUSTRY		21 April 11. BIRTHPLACE (Cou	inty & State, or	foreign country)		CITIZEN OF		1
	ewile		_		Eliza	abeth	Penn	B. 1	U.S.	A .	
13. FATHER'S NAME					4. MOTHER'S MAID						
	es William				Agnes	MeMe.		DIVER			
(Yes, no, or unknown)	/ER IN U.S. ARMED FORCES? (If yes give wor or dotes)	of service)	SOCIAL SECURITY NO. 19-10-5008		Mr.Johr	а К. І		Address (abox	ve a	ddre	ss)
	ote couse (o),	(o) Acut 10 ch (b)	e myocardi norda tendi	nae a	farction		rupture			ERVAL BET SET AND D	
lost.	SIGNIFICANT CONDITIONS ((c)	oft ventric		TERMINAL DISEASE	CONDITION G	IVEN IN PART 1/	0)	119	WAS AUTO	OPSY
NO TAKE III. OHIEK	STORT CONDITIONS	ONTRIBUTINO	DO DEATH BOT NOT KEEK	TED TO THE	TERMINAL DISEASE	CONDITION	TIVE IN TAKE I	0)		PERFORMI	ED?
OR CONTRIBUTING	AS UNDERLYING □ G □ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	CURRED. (En	ter noture of injury	in Port I or I	Port II of item 18	B.)			
Hour o	JURY Month, Doy, Yeor .m. .m. 19	20d. II While at wor	Not While		OF INJURY (Home, I , street, office bldg.,		f. (City or tow	/n) ((County)	((Stote)
21. I cert	tify that (1) (this box deceased glive on S	ept 726	ded the deceased f	nd that c	eath accurred	, 19 10,40	, ta Sept. PM fram cau	ses and on	%7 , the dat	nat (I) (4 e stated	ge) las labove
22o. SIGNATURE	4//-	for	Len St	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.	22b.	DATE SIGN	ED	
22c. PHYSICIAN NAME (Typ		larding	, M. D.		22d. ADDRESS 7601 Ri	verdal	le Road,	Lanha	ım, Ma	ry lan	d
230. BURIAL, (REMAT REMOVAL (Specif Crema	tion 9/29	9/67	23c. NAME OF CEMET	oln (em.	Co	LOCATION (City	anor,			itote)
24. FUNERAL DIRECT	Nalley'	s Fune	ralADDRESSMt	Rain	1707	REC'D BY REGI		b. REGISTRAR'S			
Home I	nc.		Maryl	eri a	DAT	ICT 2	1967	* Cross	rue)	The state of the s	100

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove tarban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any evept, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs 🗗 Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

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Supt. 24, -07 Club

James V. Mareting, M. R. W. 7607 Misseriela Mand. Lambes Maryland

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

25:08	1283	4		CERTIFICATE	OF DEA	TH		12843	3	
by the funerol Pages 1 and 2 and 2 lours after death.	Prince			MARYLAND	2. USUAL RESI		eased lived, if institut b. COU Prir	tion: Residence before NTY	re odmission)
by the Pages ours aft	b. CITY OR TOWN Chever1	(If outside corparate limits nd give neorest tawn)		8 hrs. 45mins.		VN (If autside corpo	arate limits, write RU	RAL and give neare	est tawn)	,
ころとと	d. NAME OF HOSP	ITAL OR INSTITUTION (If no Georges Gene	at in haspital, give	e street address)	d. STREET ADDI	RESS	. 2		e IS RESIDE ON A FAR YES N	M?
	3. NAME OF DECEASED		rst	Middle	Last	4. DATE	Mon		Y Year	
ta de la	(Type or print)		Lowe		Frazee	DEAT		ot. 24,	1967	
die on	s. SEX Male	6. COLOR OR RACE White	7. MARRIED &		B. DATE OF BIRTH 10/19/82		9. AGE (In years last birthday) 84 yrs.	Manths Days		Min.
The state of the s		ON (Give kind of work done	10b. KIND	OF BUSINESS OR		(County & Stote, or		12. CITIZEN C		
siciar pleas	Retired 13. FATHER'S NAME	Accountant	Trea	sury Dept.	Betha 14. MOTHER'S	MAIDEN NAME		u. S	A	
Then Then May	Alfred!					ollie Dur				
e attending physician and completely permit. Then please remove carboniton, or remoyal, and in say event, with the control of	Yes, no, or unknown	VER IN U.S. ARMED FORCES? (If yes give war ar dates a	of service)	7-36-6417 Da	INFORMANT	Prazee B	Route 2 Addr	itte. Mar	yland	
signed by the aft buriol-transit per buriol, cremation, buriol, cremation,	IB. CAUSE OF PART I. DE	DEATH (Enter only one cou ATH WAS CAUSED BY: IMMEDIATE CAUSE	se per line for (o), (b), and (c))	Teci		hour		TERVAL BETW	
buriol-tr buriol-tr	Canditions, if an		LM	erolized	arler	io - Ac	leconis	4	eals	1
os been si as the bu prior to bu	stoting the und		TO (c)	J						
七 8 年 2 7	PART II. OTHER	SIGNIFICANT CONDITIONS CO		DEATH BUT NOT RELATED TO	THE TERMINAL DIS	EASE CONDITION G	IVEN IN PART 1(a)		WAS AUTOP PERFORMED YES NO)?
ででき	OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)		RIBE HOW INJURY OCCURRED.	(Enter nature of i	injury in Port I ar F	Part II of item 18.)			, <u>F</u>
this Deposit	20c. TIME OF IN	JURY Manth, Day, Year			CE OF INJURY (Ho ory, street, affice b	oldg., etc.)	(City or town)	(County)	(St	ate)
R: After old be che state	21. 1 cert	t ify that (I) (MRS) that	ent 24	d the deceased fram_ 19 <u>67</u> , and tha	death accur	196), red a 9 3 45 P	ta_Sept.2	24, 1967, t	hot (I) (e) last
3 shar	220. SIGNATURI	,10	, , ,	,	ATTENDING	MED. DIRECTOR	CTACE	22b. DATE SIG	NED	367
TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	22c. PHYSICIAN NAME (Typ	'S	1	ach, M. D.	22d. ADDR	ESS	I.W. Washi			
FUNE irector, hould	23a. BURIAL, CREMAT REMOVAL (Speci	TION, 23b. DATE THE	EREOF	23c. NAME OF CEMETERY OR	CREMATORY	. 23d.	LOCATION (City or To	own) (Count	(Y) (Sto	te)
	PACEUMERAL PIRECH	Sept. 2 C. Glen Ca	7 1967 eter 81	134 ADDRESSraia A	Denue 2	Sa. REC'D BY REGI		EGISTRAR'S SIGNATI	JRE	
R A15 (4) SM 1/67	Warner E.	Pumphrey.	Inc. 5.	ilver Spring.	Md. D	ATESEP 2 S	1967 k	Charles	uder	

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 II Page 4 moy be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

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	elilwilenes H	ing between the second	theyerly -
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Sept. 24, 167	94514	LLIMAL	
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trans	Mattie Con		March Joseph
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201 27 April 1 - 104	5 KK		
V. Vanistagego, d. C.	hoze Evenhe., W.	artingun, N. D.	dant sam
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FOR S HEALTH

STATE H DEPT. any delay is "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page the Stark Department of TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 wit Health priar to burial, cremation, or remaval, and in any event within 72 hours after death. 5 may be retained far your files.

VR A15ME 6M 1/67

This certificate should be executed within 24 hours after death. If necessary, please execute the certificate, writing the ward TO DEPUTY MEDICAL EXAMINER:

12835

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 301

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12844

I PLACE OF DEATH			(Where deceased lived, if institution: Re	sidence befare admission)
o. (OUNTY Prince George 's	MARYLAND	Maryland	b. COUNTY Prince (George's
b. CITY OR TOWN (If autside carporate limits,	c. LENGTH OE STAY IN 16	-	autside carparate limits, write RURAL and	
write RURAL and give nearest town)	0.1			16-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in	haspital give street address)	Berwyn H	eignts	e. IS RESIDENCE
d. HAME OF HOST HALE ON HISTHOTION (IT HOS III	iluspital, give street dudiess?			ON A EARM?
Prince George Genera			inole Place	YES NO X
3. NAME OF Eirst DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) Arthur	Benjamin	Gatten	DEATH 9	13 19 67
S. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH		NDER 1 YEAR 1E UNDER 24 HRS.
Male White	WIDOWED X DIVORCED	18 Jan. 18		ths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stat		2. CITIZEN OE WHAT
during mast af working life, even if retired) Retired	Mechanic	Maryla	nd	COUNTRY? USA
13. FATHER'S NAME	Mechanic	14 MOTHER'S MAIDEN		ODA
T		20. 7. 1. 1.		
Joseph B. Gatton	14 COCIAL SECURITY NO. 17	Delphin	ne Canter Address	
1S. WAS DECEASED EVER IN U.S. ARMED EORCES? (Yes, no, or unknawn) (If yes give war or dates of ser	rvice)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	577-10-8424	Mrs Cath	nerine Moussean	
18. CAUSE OF DEATH (Enter anly one cause p	per line far (a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _	Rupture of aortic	aneurysm		UNSET AND DEATH
451X DUE TO				
Canditions, if any, which gave) (b)				
rise to immediate cause (a), Stoting the underlying cause				
last. (c)				A. 1998 B
PART II. OTHER SIGNIFICANT CONDITIONS CONTE	PIRLITING TO DEATH RUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
O O O O O O O O O O O O O O O O O O O	KIBOTINO TO DEATH BOT NOT KEEPIED TO	THE TEXAMINAL DISEASE CO	ONDITION OFFER IN FAMILIES	PEREORMED?
S CO. EVERNAL CALLER MAS	Tool organic how million officers	Tr. Comments		YES NO
20g. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Hour a.m.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature at injury in	n Part I ar Part II of Item 18.)	
CAUSE OF DEATH.				
20c. TIME OF INJURY Month, Day, Year Haur a.m.		ACE OF INJURY (Hame, far		(Caunty) (State)
p.m. 19	While Nat While too	ctory, street, affice bldg., et	C.)	
21. 1 certify that I took charge at		eld an Autonsy	, Inspection 🔀 Inquiry 🖯	ond in my opinion
	/	cide . Homicid		
dedit resolved from. Indicated to	Auses [44], Actident	CHIEE MEDICA		
ACTUAL A	1. 1001			22. DATE SIGNED
SIGNATURE		m.D.	CAL EXAMINER C	
EXAMINER'S John Kehoe, M	.D. Riverdale, Md	- Address (Stro	CAL EXAMINER LX. et, city, town, or county)	9-14-67
23g. BURIAL CREMATION. 23b. DATE THEREO			23d. LOCATION (City or Town)	
				(Caunty) (State)
Burial 9/16/67			Suitland	Md
24 FUNERAL DIRECTOR Lee Funeral	Home ADDRESS		D BY REGISTRAR 25b. REGISTRA	irs signature
	Washingto	n.D.C. DATSF	P 18 1967 / Louis	Lank and

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Voin Baber, M.D. Birmguille, MD. 9-1-6

1	I	tems 18&21 Film 396 MARYLAND STATE DEPARTMENT OF L-15-68 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, B	OF HEALTH ALTIMORE, MARYLAND 21201	
FOR STATE		12836 MEDICAL EXAMINER'S CERTIFICA		2845
ofter death. If any deloy is 8. Give Poges 1, 2, and 3 to long with form PM3. Page HITPAH with the State Department of John With the State Dep	1.	o. COUNTY Prince George's MARYLAND O. STATE MARYLAND MARYLAND	NN (If outside corporate limits, write RURAL one	George's d give neorest town)
hours ofter death. If a lem 18. Give Poges 1, Office olong with form I and 2 with the State Deptember 1		Prince George General Hospital 7512 NAME OF First Middle Lost	Hawthorne St.	e. IS RESIDENCE ON A FARM? YES NO
ofter death. Il		DECEASED (Type or pnnt) Eleanor Mae Gerra	OF DEATH 9	26 19 67
hours offtem 18. Golffice olor	E	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. B. DATE OF BIRTI	7 30 lost birthdoy) Mont	ths Doys Hours Min.
24 hours in Item 18 r's Office of second of the density of the den	100 du	b. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLA	CE (State or foreign country) shington D. C.	2. CITIZEN OF WHAT
within pencil kaminer le poge	13	FATHER'S NAME Elmer G. Thompson sr Agne	maiden name es Beavers	
g" in g ical Ex mit. Fil	1S (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Steve Geri	ra Landover, Md.	Hara Inc
This certificate should be executed within 24 icate, writing the word "pending" in pencil in 15 be forworded to the Chief Medical Examiner's C ibe used as a burial-tronsit permit. File pages I remaval, and in any event within 72 hours after		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Undetermined Conditions, if ony, which gove rise to immediate cause (o),	1	INTERVAL BETWEEN ONSET AND DEATH
ificote ting the order ond ir		stoting the underlying couse DUE TO (c)		
R: This certificate, writi- uld be forwor ould be used o	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES C NO
내 등 등 등	CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of	injury in Port I or Port II of item 1B.)	
高 る 言 る 言	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p m. 19 20d. INJURY OCCURRED While Not While of work of work		(County) (Slote)
MEDICAL oleose exer director. P etained for DIRECTOR		SIGNATUREM.D. ASSIST		
ecessary, phe funeral may be refuneral FUNERAL	2	NAME (Type) John Hehoe, M.D. Riverdale, Md. Addre	ess (Street, city, town, or county)	9-27-67
To Fu		Burial Sept 30, 1967 Ft Lincoln Cemeter		(County) (Stote) Co Geo, Md. AR'S SIGNATURE
VR A 15ME (5)	1) 2	F. Gasch's Sons Hyattsville, Md.		las Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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H)	16004		CEKTIFICA	IE OF DEATH	1	2010
た し	o. COUNTY PRINCE GEORG		MARYLAND	o. STATE	(Where deceased lived, if institution: Reb. COUNTY	
	b. CITY OR TDWN (If autside carparat write RURAL and give nearest taw Glenn Dale (rura	vn)	c LENGTH DF STAY IN 1b 3 months		autside carparate limits, write RURAL an	d give nearest tawn)
	d. NAME OF HOSPITAL OR INSTITUTION	N (If not in hospital,		d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
	Glenn Dale Hos			1307 P St		YES NO XX
3	. NAME OF DECEASED (Type or print)	First Marie	Middle	Grady	4. DATE Month OF DEATH Sep	Day Year t. 13. 19 67
S	SEX 6. COLDR OR RA	CE 7. MARRIED WIDOWED	DIVDRCED	B. DATE OF BIRTH 12/9/06	9. AGE (In years last birthday) Mon yrs.	NDER 1 YEAR IF UNDER 24 HRS.
	Da. USUAL OCCUPATION (Give kind of war uring most of working life, even if retired) retired	11	CIND OF BUSINESS OR NDUSTRY NKNOWN	11. BIRTHPLACE (Coun	ty & State, or fareign country)	2. CITIZEN OF WHAT COUNTRY?
1	3. FATHER'S NAME Lucius Steel	, ALB.		14. MOTHER'S MAIDEN		
1	S. WAS DECEASED EVER IN U.S. ARMED FO Yes, no, or unknown) (If yes give war or	dates of service)	SOCIAL SECURITY NO.	7. INFORMANT decedent	Address	
	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if any, which gave	Y: CAUSE (o) Cirr DUE TO	r (o), (b), ond (c).) hosis of the	liver		INTERVAL BETWEEN UNKEL ON DEATH
	nse ta immediate cause (a), stating the underlying cause last.	(b) DUE TO (c)				
CATION	Chronic alcohol heart failure;	carcinoma	of urinary b	oladder	ONDITION GIVEN IN PART 1(a) tive	19. WAS AUTDPSY PERFORMED? YES \(\bigcirc{\text{Y}}{\text{NO}}\) NO
CEPTIFICATION	. I (IF EITHER, NUTIF I MEDICAL EXAMINE!	H	ESCRIBE HDW INJURY DCCURR	ED. (Enter nature of injury i	n Part I ar Part II af item 18.)	
MEDICAL	2Dr. TIME OF INJURY Manth, Day, Haur a.m. p.m.			PLACE OF INJURY (Hame, fa factory, street, office bldg., et		(County) (State)
	21. I certify that (X) (thi saw the deceased plive	s hospital) atten	ided the deceased fram		19.67 , ta9/1 06:30P M, from causes and c	3%67, that k (we) last an the dote stated abave.
	22a. SIGNATURE	& When		M.D. ATTENDING PHYS.	MED. STAFF	b. DATE SIGNED 13/67
	22c. PHYSICIAN'S NAME (Type) Moe	Weiss	, M.D.	22d. ADDRESS Glenn Da	le Hospital, Glen	n Dale, Md.
2	30. BURIAL CREMATION, REMOVAL (Specify)	ATE THEREOF L. 18,1967	23c. NAME OF CEMETERY		23d. LOCATION (City or Town)	(County) (State)
	24. FUNERAL DIRECTOR		ADDRESS	2Sa. RE	C'D BY REGISTRÀR 2Sb. REGISTRA	
	UNIVERSAL FUNG	RAL H	ome 816 H.	SL'NE, DATES	EP 19 1967 gch	arles Judge

filled in by the funeral oners. Pages 1 and 2 virthm 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon selector, page 40 with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with Page 4 may be retained by the hospital or attending physicion. VR A15 (4) 25M 1/67

.O. Harring and the Committee of the Com Cigna Dala Bospical - 1 there 3 apt. 13, 50 Add CHE Lucius Sceel STOW KILLS urlenova dinessente avendro market of the state of the second

6/23/ 67 6:314 67 63/33/67

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Committee of the first of the f

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				CERTIFI	CAIE	OF DEATH		12	2847	
1. P	PLACE OF DEATH PCOUNTY P.	G.		MARYL	AND	2. USUAL RESIDENCE () MARY LAND		b. COUNTY P.G	ł.	sion)
	RIVERDA	f autside corparate limit give nearest tawn)		c. LENGTH OF STAY IN 4 ½ hou		BRENTWOOD	tside carparate limits, w	rite RURAL ond giv	e nearest town)	=/
d		AL OR INSTITUTION (IF N		give street address)		d. STREET ADDRESS 3605 TAYLO	OR STREET			FARM? NO X
(NAME OF DECEASED Type or print)	JOHN	rst	Middle C.		GRAY Sr	4. DATE OF DEATH	Month 9-22	19	feor 67
5. S M		6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		Nov 16, 18	9. AGE (In)	years IF UNDER Manths yrs.	Days Hours	ER 24 HRS. Min.
durir	ng most of working Clerk	(Give kind af wark dane life, even if retired)		ND OF BUSINESS OR DUSTRY TO		11. BIRTHPLACE (County Scotland		y) 12. CI	TIZEN OF WHAT DUNTRY?	.A.
	FATHER'S NAME John Gra	у				14. MOTHER'S MAIDEN I	e Galloway			
(Yes	WAS DECEASED EVE s, na, ar unknown) yes	R IN U.S. ARMED FORCES? (If yes give war or dates	of service) 16.	SOCIAL SECURITY NO.		NFORMANT Spital reco	rds Riv	Address erdale,	Md.	7
	PART I. DEAT 4201 Conditions, if ony, rise to immediat stating the under last.	which gave e couse (o),	(o)	ACUTE	M	YOCARDIA	te INFA	ecizon	ONSET AND	AY
CATION	PART II. OTHER SI	GNIFICANT CONDITIONS (DIA	BET		LLITUS		19. WAS AU PERFOR YES	NO V
ER.		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	, 20b. DE	SCRIBE HOW INJURY OCC	CURRED. (Enter noture of injury in	Part I or Port II of item	18.)		
MEDICAL	20c. TIME OF INJU Hour o.n p.n	10	20d. If While at war	NJURY OCCURRED Nat While at wark		E OF INJURY (Home, farm ary, street, affice bldg., etc.)		own) (Ca	unty)	(State)
		fy that (1) (this has	pital) attend	led the deceased f	ram_C nd that M.D	death accurred at	MED. STAF	uses and on t	he date state ATE SIGNED . 22-6	(we) last ed obove.
	22c. PHYSICIAN'S NAME (Type)	C.J.	HOUM	IANN	70	4 .	2 (verga	Le	MD	
230.	BURIAL, CREMATIC REMOVAL (Specify, Burial			23c. NAME OF CEMET	ERY OR C	emetery		anor Pro	Geö	(Stote) Md.
24.	FUNERAL DIRECTO	asch's Son	в Ну	attsville,	Md.	250. RIS	EBPREZISTBAR 196	Sb. REGISTRAR'S	SIGNATURE	iges .

DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

Medical Examiner notified and released

and rempletely filled in by the funeral semanter carbon papers. Pages 1 and 2 in any eyent, within 72 haurs after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the burial-transit permit. Then please say the burial, crematian, or remaval, and it VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12848

16	003		CERTIFI	CATE OF	DEATH				2010		
	rince Geo		MARYL	AND	STATE Man	ryland		b. COUNTY	Frince	Geor	
b. CITY OR TO write RURA Fore	WN (If outside corp AL and give nearest STVILE	orote limits, tawn)	c. LENGTH OF STAY IN		Y OR TOWN (I	,	oorote limits,	write RURAL	ond give neore	st town)	-/
			pital, give street oddress) bilitation Cer	1/3	REET ADDRESS 627 Reg		Park C	ourt		e. IS RESIL ON A FA	DENCE ARM? NO X
3. NAME OF DECEASED (Type or print)	JOHN First	Middle	G	lost RECO	4. DAT OF DEA		Sept	- 2/		67
S. SEX Male	6. COLOR O Whit				of BIRTH	1915	9. AGE (In lost bird 52	yeors IF thdoy) M yrs.	Onths Doys	Hours Hours	Mın.
1Do. USUAL OCCUP during most of wo	ATION (Give kind of rking life, even if ref TICIAN	work done 1 rired)	IDb. KIND OF BUSINESS OR INDUSTRY		BIRTHPLACE (Co.	unty & Stote, o	r foreign count	τγ)	12. CITIZEN COUNTRY		
13. FATHER'S NA Frank	ME Greco				nother's maid		ale	E SOUTH		,	
1S. WAS DECEASE (Yes, no, or unkno	D EVER IN U.S. ARMI own) (If yes give w	ED FORCES? or or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORM		Greco	562	Address 7 Rege	ency Pa	rk Ct	
163 Conditions, i	f ony, which gove ediote couse (o), underlying couse	DUE TO	A of Ling	/ c	ne	loslo	nge		10	NSET AND D	
PART II. OTH	IER SIGNIFICANT CO	NDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	TED TO THE TEI	MINAL DISEASE	CONDITION	GIVEN IN PAR	1(0)		PERFORM YES	
OR CONTRIBL	IT WAS UNDERLYING UTING □ CAUSE OF D OTIFY MEDICAL EXAM	DEATH	Ob. DESCRIBE HOW INJURY OCC	URRED. (Enter	noture of injury	y in Port I or	Port II of iter	n 18.)			
2Dc. TIME O	F INJURY Month, Dur o.m. p.m.		2Dd. INJURY OCCURRED While Not While of work of work	20e. PLACE OF I foctory, str	NJURY (Home, eet, office bldg.,		f. (City or	town)	(County)		(Stote)
	ne deceased ali	/	attended the deceased for the second	nd that dea	TENDING	at <u>L'151</u>	STA	AFF (T)	, 1967, t d an the da 22b. DATE SIG 9/2	te stated	
22c. PHYSIC NAME		nok J.	FEDOR M		2d. ADDRESS		EDRAC		N.W.	D. 0	
230. BURIAL, CRE		b. DATE THEREOF -25-1967	23c. NAME OF CEMET Fort Lir				LOCATION (C			y) (S rylar	itote)
SOW THE 220. SIGNA 220. EHYSM NAME	ne deceased ali	ive an 9/	EEOOR A 23c. NAME OF CEMET	M.D. A	TENDING LYS. 2d. ADDRESS 4201 TORY emetery	ot L'ISO MED. DIRECTOI CATHO 23d. W B: REC'D BY REG	CM, from STAR STAR PH CORAC LOCATION (C LOCATION (C)	AVE Lity or Town) burg 25b. REGIST	d an the da 22b. DATE SIG 9/2 N.W.	ned // // // D- y) ryla	ed (S

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please femove carban papers. Pages 1 and should be filed with the State Dept. at Health prior ta burial, crematian, or remaval, and is any event, within 72 hours after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 25M 1/

No. of Street, No. of		1,111		
alboro agribiga (Paoreja	here I gunh	pyrace coulst.		
	bnaf#166	. Cor neville		
	Militarila Canter John Agrency Perk Com	Second Since the Property of the Land		
		Male In White In I		
	ytast.	Wiscreton		
	pinopenial yant	Frank Prece		
	Roys Lineolu Censtery - Disdember	1=11/E		

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12849

	120
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
O. COUNTY PRINCE GEORGE COUNTYARYLAND	WEDWINGTON D.C. COUNTY
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporofe limits, write RURAL and give nearest town)
write RURAL and give nearest town)	1/7 2
CLINTON MARYLAND 35 PAYS	d. STREET ADDRESS e IS RESIDENCE
PHE UTELS GARDEN'S HEAUH CARE CENTER	d. STREET ADDRESS 2820 31 st Street S.E. VES NO NO
3. NAME OF First Middle	Last 4. DATE Month Doy Year
OFCEASED (Type or print) EDITA MAE	SREEHE DEATH 9 6 1967
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
F WIDOWED DIVORCED	5 17 01 66 yrs.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even il retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	14. MUTHER'S MAIDEN NAME
FREDERICK Johnson	17AILERINE OHEAL.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Iff yes give wor or dotes of service)	INFORMANT Address 1+1LL CREST 1+9TS M
(165, 110, 01 dilkitowit) (ii) yes give wol of doles of service)	EORGE B. GREENE 3356 CURTIS DR
18. CAUSE OF DEATH (Enter only one couse per lime for (o), (b), and (c).)	J INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	BOINC ADREST (DROPADLE) ONSET AND DEATH
174X IMMEDIATE CAUSE (o) RESPONSE CONTRACTOR OF THE PROPERTY O	Trattile (1701 to 1700)
Conditions if any which gave > and in a	d Ca utorios
inse to immediate couse (o),	of ca aleaes
storing the underlying couse	
last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 206. ACCIDENT WAS UNDERLYING 206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED A CONTRIBUTING MEDICAL SYMMETRY 207. DESCRIBE HOW INJURY OCCURRED	D THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
≅ 20o. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
	LACE OF INJURY (Home, form. 20f. (City or town) (County) (State)
Hour o.m. While - Not While - fo	octory, street, office bldg., etc.)
p.m. 19 of work U of work U	212 12 (1)
21. I certify that (1) (this hospital) attended the deceased fram_	10, 1907, to 9, 1907 that (1) (we) las
	at death accurred at AM, fram causes and on the date stated obove
220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
> . 12 aany	M.D. PHYS. DIRECTOR PHYS. Q 9-6-67
22c. PHYSICIANS NAME (Type) E. KAANY, 17, D.	CAFENBELT, MD.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	R CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
Buriar 9-8-1967 Arlington N	
24. FUNERAL DIRECTOROBERT E. Wilhelm Funerel Home	
4308 Suitland Rd Suitland Maryland	SEP 1 1 1967 VCLIMA O

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-cachan papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in only event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67 Talk stock three was a minimum number of the property of Campackii , Songer De Julya Da Lya Marana The state of the same of the s need I would winning I to the least of the l 12841

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12850

TH DEPT.			
	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Reside o. STATE b. COUNTY	nce before odmission)
rtment of	Prince George MARYLAND	District of Columbi	ia /
the State Department	b. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town)	c. CtTY OR TOWN (If outside corparate limits, write RURAL and give	ve neorest town)
E	Cottage city Hrs.	Washington	47-3
600	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
60	Wooded area behind 4102 Parkwood St.	1408 18th pl., S.E.	YES NO
	3. NAME OF First Middle	Lost 4 DATE Month	Doy Year
2	(Type or print) Conley Worth	Greer DEATH 9	
3	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER	
	M WIDOWED DIVORCED	5 Jam 1928 lost birthdoy) Months	Doys Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		ITIZEN OF WHAT
7	during men of portain life even if retired)	Va. U	OUNBY? A.
>	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Wiley t. Greer	Etta McMillan	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
	(Vac no or unknown) (If we nive was as detectof convice)	ta M. Greer Purcellville, Va.	. (Mother)
5	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)		INTERVAL BETWEEN
크	PART I. DEATH WAS CAUSED BY:	and of head	Minutes
Purcellvil	9 7 6 X IMMEDIATE CAUSE (o) GREAT STILL WOR	and or mode	Hillages
Purcell	Conditions if any which gave		1019 19
2	rise to immediate couse (o),		
0	stoting the underlying couse last.		
em e	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/0)	19 WAS AUTOPSY
- J	200. EXTERNAL CAUSE WAS PRIMARY AND COURRED CONTRIBUTING COURRED CAUSE FOR EACH CONTRIBUTING COURRED CAUSE FOR EACH COURSE FOR	THE TERMINAL DISEASE CONDITION OF THE TART TO	19. WAS AUTOPSY PERFORMED? YES NO
e .	20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED). (Enter noture of injury in Port I or Port II of item 18.)	1 12 10 tv
Funeral	PRIMARY X or CONTRIBUTING Shot self with	h .22 cal. revolver	
3	STOU SOLL WILL		ounty) (Stote)
	20c. TIME OF INJURY Month, Doy, Yeor Am p.m. 9 2 167 20d. INJURY OCCURRED 20e. Pl While of work of twork of twork of twork of twork of twork of twork of two of t	octory street, office bldg, etc.) Same as #1	(5,0,0)
112	p.m. / 2 Of of work in of work		1.1
로	21. I certify that I taok charge af the remains described obove, the		and in my opinio
0	death resulted fram: Natural causes , Accident	icide 🔀, Hamicide 🔲, Undetermined manner 🗌	
th	ACTUAL / M. M.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNE
	SIGNATURE JAMES	M.U.	
10	EXAMINER'S John Kehoe, M.D., Riverdale	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	9-3-67
	230. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY O		(County) (Stote)
	Buriel (Specify) 9/5/67 Hillsbore Cen	metern Hillshara	Vo.
A OL	24. FUNERAL DIRECTOR ADDRESS	250 RECIP BY REGISTRAY 67 256. REGISTRARS	SIGNATURE.
(5)	Francis Gasch's Sens Hvattsville. Md.	SEP 8 1961 / Count	A June

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rAL ito	·_	\mathcal{I} . (1)	
Accelled No.	25.2	11 15 20	
o diseal Mill	been its bround of the raid		116
			,
	in the St. 12 May 1950		,
	- 10-4-4	W S P Ma	
10-1-9	J. Savonkoa	The Line	
Hillahore, vermania	in Lisbary Occupant in	- 69/8/63 - 5-25	und [
	(1,12)	used a set of the set of	rii 9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1,603	·	CERTIFICA	ALE OF DEATH	12	891
	PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, if institution: Reside	nce befare admissian)
	PRINCE.	GEORGES	MARYLAN	D STATE	OF COLUMBIA	V
	b. CITY OR TOWN (f autside carparate limits.	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If o	utside corporate limits, write RURAL and giv	ve nearest tawn)
	ANDREWS	give nearest tawn) AF BASE	1 Hr	WASHINGTO	NO	47
-	d. NAME OF HOSPIT	AL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	USAF HO	SPITAL AND	REWS	133 TVANE	HOE ST SW APT 1A	YES NO.
	NAME OF	First	Middle	Last	4. DATE Month	Day Year
- (DECEASED (Type or print)	D'JUARN	DONTE'	GUNN	DEATH SEPT	5 19 67
S. :	SEX	The second secon	MARRIED NEVER MARRIED	_	last hirthday) Months	1 YEAR 1F UNDER 24 HRS. Days Hours Min.
	MALE	NEGROID	VIDOWED DIVORCED] 23 Aug 196	57 — yrs.	14
IOa.	. USUAL OCCUPATION	(Give kind af wark dane	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County		ITIZEN OF WHAT OUNTRY?
	ing most of working NA	me, even il reinea;	NA NA		EORGES MARYLAND	USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	GILBERT			EARLINE		
1S. (Ye	. WAS DECEASED EVE es, no, ar unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates af sei	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT	Address	
				Mother	SAME AS #2	
		ATH (Enter anly one cause p H WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH
	4330	IMMEDIATE CAUSE (a).	CARDIAC ARI	REST		1 Hr
	Conditions, if any,	DUE TO				
١	rise to immediat	e couse (o),				
	stating the under	lying cause				
		CNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO.	NDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY
ON				TO THE TERMINAL DISEASE CO	NOTION OFFICE IN TAKE I(d)	PERFORMED?
CERTIFICATION	20g. ACCIDENT WAS	ATION AND	20b. DESCRIBE HOW INJURY OCCUR	PPED (Enter nature of injury in	Part Lar Part II of item 183	1 10 1
EK	OR CONTRIBUTING	CAUSE OF DEATH	200. DESCRIBE HOW INSORT OCCUR.	ince. (circo notore or injury in	ran ran ran ran ran	
		MEDICAL EXAMINER) JRY Manth, Day, Year	20d. INJURY OCCURRED 20e	e. PLACE OF INJURY (Hame, farr	n. 20f. (City or town) (Co	ounty) (State)
MEDICAL	Haur a.r p.r	n.	While Nat While at wark	factory, street, affice bldg., etc.		
				m 2 Sept	19 67, to 5 Sept , 19.	6 7 that (N) (we) las
	saw the de	eceased alive an 5	Sont 19 67, and	that death accurred at	5:10% from causes and on	the date stated above
	22a. SIGNATURE	71	0 0	ATTENDING -	22b. L	DATE SIGNED
	0	Herrich	L'Collen	M.D. PHYS.	DIRECTOR PHYS. 5	Sept 1967
	22c. PHYSICIAN'S			22d. ADDRESS	JSAF Hospital An	drews
		HERRICK J.	COHEN, CAPT, US	SAF IMC	Andrews AFB. Was	
23q	REMOVAL (Specify	ON, 23b. DATE THEREO	1 M (//)	Y OR CREMATORY	23 d. LOCATION (Gity of Town)	(Caunty) (State)
		17-11-0	67 onling	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Orlington	ya-
24	. FUNERAL DIRECTO	1	ADDRESS		D BY REGISTRAR 2Sb. REGISTRAR'S	
	11/1/1	11. 1 (44)	7 / 7 - 1 1-1	IN I DATES	m 1 1 4 (1) (was	# (1 4.5

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after defitted.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12843

CERTIFICATE OF DEATH

12852

1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if insti	
TANKI AND	OUNTY
D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland Maryland C. CITY OR TOWN (If outside corporate limits, write li	Prince Ceorge RURAL ond give nearest town)
Cheverly 30 hours Hyattsville	16-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
	ON A FARM?
Prince George General Hospital 8110 Sherriff Road	
3. NAME OF First Middle Lost 4. DATE MIDECEASED OF (Type or print) Baby Cirl Hall DEATH O	Day Year 3 167
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SO B. DATE OF BIRTH 9. AGE (In years	
WIOOWEO OIVORCED I last birthday)	
Female White Whove I of the Wilder I of the Wi	12. CITIZEN OF WHATS
during most of working life, even if retired) INOUSTRY	U S A
Maryland	USA
13. FATHER'S NAME	
John William Hall Scharon Wink	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ad	ddress
(Yes, na, or unknown) (If yes give wor or dotes of service) Hospital records Cheve	erly, Md.
IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSEO BY: Prematurity	INTERVAL BETWEEN ONSET AND OBATH
MMEDIATE CAUSE (a) Presidentity	
1600 DUE TO	
Conditions, if any, which gave) (b) Possible brain injury	
rise to immediate cause (o), Stating the underlying cause DUE TO	
lost. (c) Respiratory arrest.	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT PETATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
SOURCE STATE OF THE TAX TO	PERFORMED?
L Car	YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	,
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.)	(County) (State)
Hour a.m. While Not While foctory, street, office bldg., etc.)	
p.m. Olwork C diwork C	1 10/ 10/ 10/
21. I certify that (t) (this hospital) attended the deceased from 7, 19, 7, to 9, to	/
saw the deceased alive on	
220. SIGNATURE ATTENDING MED. STAFF	22b. OATE SIGNED
M.D. PHYS. OPECTOR PHYS.	□ Sept. 2,1967
22c. PHYSICIAN'S 22d. ADDRESS	
NAME (Type) Mahdavi, M. D. Prince Georges General	Hospital
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATION. 23d. LOCATION (City or	Tawn) (County) (Stote)
REMOVAL (Specify) Sept 5, 1967 Mt Olivet Cemetery Washington	
Rurial	
E C	REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville, Md.	I maries Judges

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remarke carbon papers. Pages I and should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 haurs after death. VR A15 (4) 25M 1/67

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hour after death.

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12853

1.	PLACE OF DEATH			nere deceosed lived, if institution:	Residence before odmission)
	o. COUNTY PRINCE GEORG	e- MARYLAND	o. STATE	b. COUNTY	PA
Н	b. CITY OR TOWN (If outside corporate limits,	C LENGTH OF STAY IN 1b	CCITY OR TOWN (If outsi	ide carporote limits, write RURAL	and give pearest town)
	write RURAL and give neorest town)		d 11 1		// /
_	Clinton	9-2-67-9-11-67	Clinto	N.	161
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	d1. 1 111	d. STREET ADDRESS	11	e. IS RESIDENCE ON A FARM?
	Pine View GARde	ns Clinton Md	7443 649	Hale DR	YES NO X
3.	NAME OF First	Middle	Lost	4. DATE Month	Doy Year
	DECEASED (Type or print) UIRGINI	A Mozella	HALL	OF DEATH	11 1967
S.	SEX 6. COLOR OR, RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
	1 11/	OWED DIVORCED	11-5-191	lost birthdoy) Mi	onths Doys Hours Min.
		10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & S	Stote, or foreign country)	12. CITIZEN OF WHAT
du	ing most of working life, even if retired)	INDUSTRY	VIRGIN	i A	COUNTRY?
13	FATHER'S NAME	DOMESTIC	14. MOTHER'S MAIDEN NA	. , .	4.3
10	THE STRAINE		14. MOTHER'S MAIDEN INA	1.5 (
_	IS AITI	more-	NORA LA	41012	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) ((If yes give wor or dotes of service	16. SOCIAL SECURITY NO. 17. I	NFORMANT	7443 February	VDALE DR.
1,	No	1231-34-7023 Be	TTYJ.BRI	OWN, CLINT	-ON MD.
	18. CAUSE OF DEATH (Enter only one couse per li	ne for (o), (b), ond (c),)			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	CARDIA AK	PP-54		ONSET AND DEATH
	1992 IMMEDIATE CAUSE (o)	11010110	- N. C		
	Conditions, if ony, which gove) Out TO	ARDAMMAI I	KOOLASM	111172	
	rise to immediate couse (a)	10000000000000000000000000000000000000	15002/ NO	. Will	
	stoting the underlying couse DUE TO	- 150 m2 171	50 M15	-PACTORY	1
	last. (c)	30 NECESICIO	20 1116	(HS/HSE	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION					YES NO
FIC	20o. ACCIDENT WAS UNDERLYING ☐ 2	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Pa	art Lor Port II of item 181	
ERT	OR CONTRIBUTING CAUSE OF DEATH	SO. PESCHIEF HOW HOOK! OCCUMENT	(Enter notions of injury in the	The control of them to.,	
AL ((IF EITHER, NOTIFY MEDICAL EXAMINER)	and willing occupants. I am man	20 (ALLIAN (II) (C. 23)	I 00((C)	(5)
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m.		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
×	p.m. 19	ot work ot work			
	21. I certify that (I) (this hospital)	attended the deceased from	9-2,19	62. to 9-11	, 1960, that (I) (we) los
	saw the deceased alive an 1-		t death occurred ot	STOPM, fram causes and	on the date stated above
	22o. SIGNATURE	0			22b. DATE SIGNED
	(I brod 1	Cabi M.C		NED. STAFF	9-11-67
	22c. PHYSICIAN'S	- Jugar	22d. ADDRESS	INCEPOR CO TITOS. CO	
	NAME (Type) ACPEL	R. LADINI	me Cu	INTON 1	mm
-	AUDIN COMMENT			, ,	
23	D. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	M.	23d. LOCATION (City or Town)	(County) (Stote)
	OVRIAL 1120	1 TRINITY	MEMORIAL	WALDORFICH	ARLES, 111D.
2	FUNERAL DIRECTOR	ADDRESS	2So. REC'D E		TRAR'S SIGNATURE
14	FUNTY FUNERAL TON	DEMALDODE IVI	DATSEP	13 1967 100	carles Judges

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201

16-1 e. IS RESIDENCE ON A FARM? YES NO [

INTERVAL BETWEEN ONSET AND DEATH minutes

19. WAS AUTOPSY PERFORMED?

and in my apinian

22. DATE SIGNED

(Stote)

NO S

Year 19 **67** IF UNDER 24 HRS.

.		CERTIFICATE OF DEATH 1285	4
1.	PLACE OF DEATH o. COUNTY Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befoo. STATE b. COUNTY Maryland Prince George c. CITY OR TOWN (If outside corporate limits, write RURAL and give neore	S
99	write RURAL and give nearest tawn) Cheverly DOA d. NAME DE HOSPITAL OR INSTITUTION (If not in haspital, give street address) Prince George General Hospital	Seat Pleasant d. STREET ADDRESS 315 Quarrles Ave.	e. IS RESIDEN ON A FARI YES NO
	NAME OF First Middle DECEASED	Lost 4. DATE Month Dor OF DEATH 9 13	y Year
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 5. June 1905 62 yrs. FUNDER YEAR Months Days	Hours 24
d	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Labober Ret	11. BIRTHPLACE (State or foreign country) 12. CITIZEN O COUNTRY: USA	
	John P. Hairston	14. MOTHER'S MAIDEN NAME Betty Hairston	
	es no or unknown) (If yes give war or dotes of service)	INFORMANT Address Claine Parker	2
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure	ואו ס מריי איני	TERVAL BETWE NSET AND DEA Outes
	Conditions, if ony, which gove itse to immediate cause (o), stating the underlying cause	eart disease unl	known
2	lost. (c)	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19.	WAS AUTOPS PERFORMED
CEPTIESCATION	20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH	(Enter noture of injury in Port I or Port II of item 18.)	YES NO
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.) 20f. (City or town) (County)	(Sta
	21. I certify that I taak charge af the remains described above, he death resulted fram: Natural causes . Accident . Suid	cide, Hamicide, Undetermined manner CHIEE MEDICAL EXAMINER	d in my ap
		M.D. ASSISTANT MEDICAL EXAMINER	
	EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md	DEPUTY MEDICAL EXAMINER	13-67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS.

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F	necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to ITAO the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office-along with form PM3 Page ITAO	ST	M		7
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TY	ry,	5 may be retained for your files.	RAL	Heo!th prior to buriol, cremotion, or removol, and in any event within 72 hours ofter aboth	1
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2	-	2	9		

99 Heolth prior to buriol, cremotion, or removol, and in any event within 72 hours ofter death

			WEI	DICAL EXAMI	INER'S	CERTIFICATE C) F DEA	ATH	1 4	cas	9	
	PLACE OF DEATH					2. USUAL RESIDENCE (Where dece	eosed lived, if institu	tion: Residen	ice befor	e odmissk	on)
	o. COUNTY	rince Georg	ele	MA	RYLAND	Maryland		Prince		rge t	c	
	b. CITY OR TOWN (If outside corporate limit		c. LENGTH OF STAY		c. CITY OR TOWN (If ou	utside corpo	prote limits, write RU	RAL ond giv	e neores	t town)	
	Suitlar	d give nearest tawn)		DOA		Camp Spr					16-	1
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in hospitol,			d. STREET ADDRESS	TITED				e. IS RESID	
						Mana Onla C					ON A F	NO T
3	NAME OF	Air Force	base n	Middle		Wye Oak C	4. DATE	Mon	th	Day		
	DECEASED (Type or print)						OF				19	,
S.	SEX	6. COLOR OR RACE	7. MARRIED	Jane NEVER MARRI	IED 🗆 T	Hayden B. DATE OF BIRTH	UEAL	9. AGE (In years	I IF UNDER	21 1 YEAR	IF UNDER	67 24 HRS.
			WIDOWED					lost birthdoy)	Months	Doys	Hours	Min.
	emale	White (Give kind of work done		KIND OF BUSINESS OR		15 Jan 1897		70 yrs.	12 (1	TIZEN OF	TAHW	
lw	ousewife	life, even if retired)		INDUSTRY		Illinois	or roreign	Coomity	CO	DUNTRY?	TICA	
	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				USA	
		Person la a m				Louise (
15	Thomas I	R IN U.S. ARMED FORCES?	14	. SOCIAL SECURITY NO.	17	INFORMANT	CHIDS	Addr	222			
(Y	es, no, or unknown)	(If yes give wor or dotes	of service)	. SOCIAL SECURITY NO.					# 2			
_					EL	nest A. Pres	COIL	Same As	11 4	1		
		EATH (Enter only one cou TH WAS CAUSED BY:		1							ERVAL BET SEL AND D ULES	
	4200			rt failure								
	Conditions, if ony	DUE		erlosclero	otic r	neart diseas	е			ove:	r 4 3	rs.
	rise to immediat	e couse (a)	(p)							-		
	stoting the unde	rlying couse DUE								100		
	lost.	,	(c)							110	WAS AUT	DOCY
5	PART II. OTHER ST	GNIFICANT CONDITIONS Q	ONIRIBUTING	TO DEATH BUT NOT R	ELAIED 10	THE TERMINAL DISEASE CO	NDIIION GI	VEN IN PART 1(0)		19.	WAS AUTO	ED?
5	OO SYZEDIILI SA		Lette							YI	ES [NO X
=	20o. EXTERNAL CA PRIMARY (or CO		20b. D	ESCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port I or P	orf II of item 1B.)				
7	CAUSE OF DEATH.											
000	20c. TIME OF INJU	URY Month, Doy, Yeor	2Dd. While	INJURY OCCURRED Not While		ICE OF INJURY (Home, form tory, street, office bldg., etc.)		(City or town)	((0	unty)	(Stote)
E	p.r	10	at wo]	,,	<u> </u>					
	21. I certif	y that I taak charg	e af the re	mains described	abave, h	eld an Autapsy 🔲 ,	Inspec	tion 🗶, Inq	uiry 🗶 ,	and	in my	apinia
	death result	ted fram: Natur	causes,	X Accident], Sui	cide 🔲, Hamicide		Undetermined m	anner [
	ACTUAL	1 /	1/	1	1	CHIEF MEDICAL	EXAMINER					
	SIGNATURE	you.	2/	N		M.D. ASSISTANT MED	OICAL EXAM	INER		4	22. DATE	SIGNED
	EXAMINER'S	ohn Kehoe,	M.D.	Riverdal	e. Mo	DEPUTY MEDICA		-		9	-22-	67
20	(-7)7	/_/			-	(0.10				10	1	
230	BURIAL, CREMATION BREMOVAL (Specific	9/26/6		23c. NAME OF CEI				LOCATION (City or To		(County)	(5	tote)
		Robert E. V	-	Calvar			D BY REGIS	rsons, Ke	EGISTRAR'S S	IGNATUR	PF.	-
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DATE SEP 2 5 1967

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

200		01 017111011071	 	,		
284	é		C	ERTIFICATE	OF	DEATH

12856

1.	PLACE OF DEATH)	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	o. COUNTY	a. STATE b. COUNTY D
-	freme Glange MARYLAND	1110
	b. CITY OR JDWN (If autside carparate limits, write RURAL and give neorest tawn)	c. CITY DR TDWN (If outside carparate limits, write RURAL and give nearest tawn)
	Wille KOKAL dild give nediesi idwii)	Karrell 1/61/
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS
	318 2nd Atreet	318 and Street YES NO D
3.	NAME OF First Middle	/ Last 4. DATE Month Day Year
L	DECEASED (Type or print) WILLIAM BOYD +	IETT DEATH SEPT. 3 1967
S.	SEX 8. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
L	M WIDOWED DIVORCED	Sept 17, 1890 last birthday) Months Days Hours Min.
	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT
dυ	ring most of working life, even if retired)	COUNTRY? 1151
12	PATHER'S NAME	14. MOTHER'S MAIDEN NAME
13	ATTICK S NAME	14. MUTTER 3 MAIDEN NAME
	James 12 Just	Jenne Anderden
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT / Address /2 (-) M
(A	es, na, or unknown) (If yes give war ar dates af service) 2/2-05-58/	M. 111 B 11 75 19 00 19 19
	11/12/11/11	11000 m 10/ Vill raise me
	16 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	INTERVAL BETWEEN ONSELAND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	The one to me have
	4201 DUE TO	
	Conditions if any which cave	after acolor in 1 Un.
	rise to immediate cause (a)	Junior Curior 1 1 1 1 - 1 1 -
	stating the underlying couse DUE TO	1 10
	lost. (c) Lend Con	terioschronin 10 ym
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CERTIFICATION	9/11	PERFORMED?
13	Hyperesisten	YES NO L
E	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part I ar Part II of item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
8	Haur a.m. While - Nat While - fac	tory, street, office bldg., etc.)
-	p.m. 19 al work at wark	
	21. I certify that (I) (this haspital) oftended the deceased fram_	7//0 , 1953, ta 9/3 , 196/, that (I) (we) last
1	saw the deceased alive an G 12 1967, and the	at death accurred at 2.4. M, from causes and an the date stated above.
	220. SIGNATURE / 1	22b. DATE SIGNED
	& M/1/ag see M	.D. PHYS. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
	22c. PHYSICIANS WILL WILLIAM IN	D. PHYS. DIRECTOR PHYS. L
	NAME (Type)	ELLER OF ALL
	Muarren	puller, nex-
23	O. BURIAL, CREMATION, 23b. DATE/THEREOF, 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (County) (State)
1	REMOVAL (Specify)	Olem Lamel P. G. mil
2	4. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	11 / 11 - 1 / 1 / 1 / 1	
11/	Vo IN III Care and Land Land	DATE SEP 1 1967 Volicities Unique

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove sorbon papers. Pages 3 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after acoth. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

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CERTIFICATE OF DEATH

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1/16		CENTIFICATE OF DEATH
death and death		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission)
The same of the sa		Prince Georges County MARYLAND 6. COUNTY SOO,
afte aft		b. CITY OR TOWN (Is possible carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside carporate limits, write RURAL and give nearest town)
hours n by tl s. Pag haurs		write RURAL and Give nearest town) Chinton, md 22 mod, ChiNTON 16-1
in ers. 2 h		d. NAME OF HOSPITAL OR INSTITUTION (II nat in haspital, give street address) d. STREET ADDRESS d. STREET ADDRESS e IS RESIDENCE ON A FARM?
filled in papers. Thin 72 ho		Rine View Garden. Clinton. Md RFD Box 665 VES DNO
£	3.	NAME OF First Middle Last 4. DATE Manth Day Year DECEASED
completely ave carbant will		Type or print) Francis. Clyde Higdon DEATH 9- 24-19 67
executed and completed any event	S.	ast birthday) Manths Days Hours Min.
	10-	M. Cac WIDOWED DIVORCED March 57 884 83 yrs. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or lareign country) 12. CITIZEN OF WHAT
n ar se r d in		ng most at warking life, even if retired) UNDUSTRY COUNTRY?
icate b sician please I, and i	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
th certificate b ling physician Then please removal, and i	10.	Lamas Chamas
h ce ing Th	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
attending permit. I	(Ye	s, na, ar unknawn) (It yes give volor dates af service) Themse A. Smellings H. 21
that the death certificate be an. by the attending physician ar ransit permit. Then please r crematian, ar removal, and in		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
that tan. by the ransit		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TERMINAL BRONGHOPNEUMONIA ONSET AND DEATH
S O TO T		2041 DUE TO
equire physi signe burial burial		Conditions, if any, which gove is to immediate cause (a), (b) CHRONIC MYELDCYTIC LEOKEDIA //R.
ng p en s en b ta b		stoting the underlying cause DUE 10
law endi be be the riar		OST. (C)
The affi	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LONG WAS AUTOPSY PERFORMED? PROTECTION SCLEDE PROTECT PROTECTION OF THE PROPERTY
AN: al ar cate ar u deal	CERTIFICATION	
SICL spite ertifi ed f ed f		20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW—HITHIRY OCCURRED. (Enter nature of injury in Part I or Part II of item 18 74160RE.) OR CONTRIBUTING DEADLE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
hos ce is ce ach ach bept	MEDICAL	20c. TIME OF INJURY Manth, Doy, Yeor 20d HOURS 20c. PLACE OF INJURY (Hame, farm, 20f. (City or awn) (Caunty) (State)
the det	MED	While Mar While Toctory, street, ollipe oldg., etc.)
Afte Afte I be Sto		21. I certify that (1) (this hospital) attended the deceased from Sapo , 19/4, to Prosperior (1) (we) la
OR: auld		sow the deceased olive an 4/23 19 67, and that drath occurred at 200 M, fram causes and on the date stated above
reta reta ECT ECT 8 sh with		220. SIGNATURE ATTENDING ATTENDING STAFF 22b. DATE SIGNED
Direction of the period of the		22c, PHYSICIAN'S 22d, ADDRESS PHYS. 1/24/16/
RAL RAL Pa Pa Pa Pa Pa		NAME (Type) A-RTHUR SHAVERAR, 8800 BRANCH AVECLUNTON, HD.
Page 4 may O FUNERAL director, po	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (Stote)
Page 4		REMOVAL (Specify) Burial Sept. 26-1967 Cedar Hill Cemetery Suitland, Maryland
VR A15 (4)	24	FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
25M 1/67	S	immons Bros. 1661-Gd. Hope RD. SE. Wash DC MISED 26 1967 Charley Judge

The transmission of the state o HIGHER ENGLISHED BY BUILDING TOP

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12849

CERTIFICATE OF DEATH

2858

	16043	CERTIFICATE	OF DEATH	ì	2858
	1. PLACE OF DEATH O. COUNTY PRINCE G	FORGE'S MARYLAND	2. USUAL RESIDENCE (Where de	eceosed lived, if institution: Resi b. COUNTY	dence before odmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor	-	give neorest town) 16 -/
0		in hospital, give street address) Ode IVS NUCS. Harm	= -3106 mg	Eslin et !	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	E C. HIL		ATH sept 2	5, Day Year 7-
	FW	7. MARRIED NEVER MARRIED 8 WIDOWED DIVORCED D	9/27/883	lost birthdoy) Month	
	10o. USUAL OCCUPATION (Give kind of work done during post of working life, eyen if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, o	or foreign country) 12.	COUNTRY?
ó	13. FATHER'S NAME	*	14. MOTHER'S MAIDEN NAME. Thenretta		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of	service)	NFORMANT	Address	
	18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (C	o) Cerebral a	Exterioscler	ssio	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse	b) General a	erterioselero.	2is	15 yrs.
2	PART II. OTHER SIGNIFICANT CONDITIONS CO	c)	HE TERMINAL DISEASE CONDITION	GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or	Part II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19		E OF INJURY (Home, farm, pry, street, office bldg., etc.)	Of. (City or town)	(County) (Stote)
	saw the deceased alive an	ital) attended the deceased fram	death accurred at 85%	4 M, fram causes and an	
	220. SIGNATURE RAMAS G	maloney M.D	ATTENDING MED. PHYS. DIRECTO	STAFF STAFF	DATE SIGNED 55 57
1	NAME (Type) THOMAS	G. MALONEY	4814-712	I, WOODLAN	IN, MD,
	230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THER Sept 28	, 1967 Mt View Cem	etery Wa	L LOCATION (City or Town) Aynesboro Augus	
	24. FUNERAL DIRECTOR F. Gasch's Sons	ADDRESS Hvattsville, Md.	2So. REC'D BY REG	7 1967 25b. REGISTRAR	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, with the State Dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Poge 4 may be retained by the hospitol or attending physician.

VR A15 (4) 25M 1/67

BENEFIT HEALTH TO WITH THE STATE OF THE STAT The Average of the Control of the Assessment of the Control of the Agent alternation to the time of the contract of the contract

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

STATE		16016 MEDICA	L EXAMINER'S	CERTIFICATE O	F DEATH	12859
1 DEPT.		LACE OF DEATH		2. USUAL RESIDENCE (V	Where deceased lived, if institution	: Residence befare admission)
1		Prince George's	MARYLAND	o. STATE Marylan	id Fri	ince George's
18	l		NGTH OF STAY IN 1b	c. CITY OR TOWN (tf ou	tside carporote limits, write RURAL	ond give neorest tawn)
E		Cheverly	DOA	Capital	Heights	161
with the State Depa	(NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give st	reet oddress)	d. STREET ADDRESS		e IS RESIDENCE
99		Prince George's	440	1110 Bro	oks Road	ON A FARM? YES NO X
-	3 1	IAME OF First	Middle	Last	4. DATE Month	
-	- 1	DECEASED	A.	Hoyle	OF O	Day Year 7 19 67
	-	Type or print) EX 6. COLOR OR RACE 7. MARRIED		DATE OF BIRTH	DEMIN /	IF UNDER 1 YEAR IF UNDER 24 HRS.
		A THAIRMED IN			last birthday)	Months Days Haurs Min.
eat		nale white WIDOWED		9-23-39		L 10 CITIZEN OF WILLY
0	duri	USUAL OCCUPATION (Give kind of work dane not of working life, even if retired) INDUST	BUSINESS OR Y	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
offe		ng most of working life, even if retired) gn Painter Duff S	ign S hop	Washington		
LIS I	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N		
hou		John V. Hoylo		Mary	L. Dustin	
72	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIA 16. NOCIA 16. SOCIA	SECURITY NO. 17. II	FORMANT	Address	
	(16:	1, no, or direction in the square wor or dates at service)	4-3284 Eli	zabeth Ann	Hoyle-Same-as]	Item 40
wit		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (2440011	TO TO THE STATE OF	INTERVAL BETWEEN
- t		DADT I DEATH WAS CAUSED BY	ary Artery O	celusion		ONSET AND DEATH
burial-transit permit. File pages I and 2. 1 any event within 72 hours after death		4 201 DUE TO	ary Articry C	COTODION		maria o o o
any		000.10	ary Arterios	clerotic He	art Disease	
0		rise ta immediate cause (a).	ary modrato	CICIOTO IIO	ar v broade	
and in		stoting the underlying cause (c)				
			TIL BUT NOT DELETED TO T	UE TERMINAL PIECES CON	IDITION OF THE PART II	19. WAS AUTOPSY
remaval,	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	TH BUT NOT KETATED TO TE	HE TEKMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	PERFORMED?
1	CERTIFICATION					YES X NO
- OI	RTIF	20a. EXTERNAL CAUSE WAS 20b. DESCRIBI	HOW INJURY OCCURRED. (Enter nature of injury in I	Port I ar Port II af item 18.)	
		CAUSE OF DEATH.				
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY Hour g.m.		E OF INJURY (Home, farm		(Caunty) (State)
	ME	Hour a.m. While at wark	Nat While of focta	ry, street, affice bldg., etc.)		
		21. I certify that I took charge of the remains	described above hel	d on Autopsy 🔽	Inspection Y Inquiry	y 🗓, ond in my opinion
<u> </u>		deoth resulted from: Natural couses 🔀		de , Homicide		
burial,		A / IV	Accident [,	CHIEF MEDICAL		1161
safth prior to burial,		ACTUAL / / / / /		455457447 4450	ICAL EXAMINER	22. DATE SIGNED
priar		SIGNATURE THE CONTROL		_ m.u.	L EXAMINER	9-9-67
9 2		NAME (IVDET And Kohoo M. D. Pizzon	dala Mawrla		, city, tawn, or caunty)	/ / 01
=	220	NAME (Type John Kehoe M.D., River BURIAL, CREMATION 23b. DATE THEREOF 23	NAME OF CEMETERY OR C	2.100	23d. LOCATION (City or Town) (Caunty) (State)
Health	230.	DEALOVAL (Consider)				
2 =	24		Cedar Hill C	emetery		aryland
(5)	03	Limpmons Bros.		250. KE	P 1 3 19675b. REGIS	TRAKES SIGNATURE JUNGSE

Committee of the commit - - TE INT TERMS IN THE HELDER And the state of t Section 432 and a section of the sec 2851

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 301

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12860

FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is 2, and 3.10 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1,

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a buriol-transit permit. File pages 1 and 2 with the state Departments. 99 Health prior to buriol, cremation, or removal, and in any event within 72 hours after death.

VR A15ME 6M 1/67

	LACE OF DEATH					2. USUAL RESIDENCE (* o. STATE	Where de	p (0)	INTY		
	Prince	George's		MARYL	AND	Maryland			Prince	Geor	ge 's
b		If outside corporate limits,	,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If as	utside corp	porate limits, write RU	JRAL and give i	nearest to	wn)
	Riverd	d give nearest town)		DOA		Hvat.t.svi	lle	Maryland			16-1
d	2000	AL OR INSTITUTION (If not	t in haspito			d. STREET ADDRESS	والمسا	1101,720110			RESIDENCE
		Memorial H		,		7360 Lan	dove	r Road		YES	N A FARM?
	IAME OF	Fire	st	Middle		Lost	4. DAT		nth	Doy	Year
	Type or print)	Nancy	,	M		Irwin	OE DEA	VIII.	9	7	19 67
S. S	EX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years	Months (UNDER 24 HRS.
	female	White	WIDOWE	D DIVORCED	F	eb 24, 194	4	23 birthday)	Months	Joys	IOUIS MIII.
		(Give kind of work done life, even if retired)		KIND OF BUSINESS OR INDUSTRY Company		11. BIRTHPLACE (Stote	or foreig	n country)	COUN	EN OF WI	TAT
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
		John H Gav	er			Catherine	Cri	lly			
15.	WAS DECEASED EVE	ER IN U.S. ARMED EORCES?	- 1	6. SOCIAL SECURITY NO.	17. IN	FORMANT		Addı	229		
(Yes	no, or unknown)	(If yes give wor or dotes of	service 7	756 9038		mer H Irwi	n l	Hyattsvill		•	
	1B. CAUSE OF DI	EATH (Enter only one cous	e per line f	or (o), (b), ond (c).)							AL BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) Ga	stric hemor	rhage	9				ONZEI	AND DEATH
	7845	DUE	-/								
	Conditions, if ony,	, which gove)	b) ur	ıknown					1.00		
	rise to immediat	e couse (o),		IIdiOviii							
	stoting the unde	rlying couse									
	lost.		(c)							Tio in	c AUTOREV
ATION	PART II. OTHER SI	GNIEICANT CONDITIONS CO	ONTRIBUTING	G TO DEATH BUT NOT RELAT	TED TO TH	E TERMINAL DISEASE CO	NDITION (GIVEN IN PART 1(o)			S AUTOPSY RFORMED?
CERTIFICATION	20o. EXTERNAL CA PRIMARY ☐ or CO		20b.	DESCRIBE HOW INJURY OCC	URRED. (E	nter noture of injury in	Port 1 or	Port II of item 1B.)			
	CAUSE OF DEATH.										
MEDICAL	20c. TIME OF INJU Hour o.r	URY Month, Doy, Yeor m. 19	Wh			OF INJURY (Home, form y, street, office bldg., etc.		f (City or town)	(Coun	ty)	(Stote)
	21. I certif	v that I taak charge	of the r	emains described abo	ve. held	an Autapsy [Y]	Inspe	ection X , Inq	uiry X,	and in	my apinian
	death result		causes		Suicid	The same of the sa	process of	Undetermined n	-	0110	my aprillar
	deall leson	led Hall.	1 A	A, Midein L,	301010	CHIEE MEDICAL			idilitei [_]		
	ACTUAL	12/	14	Var						22.	DATE SIGNED
	SIGNATURE	KIM	111	NY		M.D. ASSISTANT MED		CHER			9-9-67
	EXAMINER'S NAME (Type) J	ohn Kehoe M	.D., 1	Riverdale, M	laryla	DEPUTY MEDICA Address (Stree					7-7-07
230.	BURIAL, CREMATIC		REOF	23c. NAME OF CEMET				LOCATION (City or To		ounty)	(Stote)
	Burial		1, 19	67 Ft Linc	oln	Cemetery	Co	olmar Mano	r Pro	Geo	Md.
24.	EUNERAL DIRECTO		Hya	ADDRESS ttsville, Md	١.	250. RECT	BY REG	ISTRA967 2Sb. 2	EGISTRAR'S SIG	NATURE	ye.
						DATE					V

where and review a company of the state of the second TS 1181 . 15 d. Conduction of the Conduction o frame of the fire COLUMN TO THE PARTY OF THE PART .bs .victoria: mirri W conflict. T four upvet reserved Additional collections and the state of the During the country women women's country women by the con-E. mostly data contravilged by the Ellin Ellin Contravilged by the Ellin Ellin Contravilged by the Ellin Ell

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

128	352	CERTIFICATE	OF DEATH	1:	2861
o. COUNTY	TH Prince George	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased lived, if institution: R b. COUNTY	Residence befare admission)
b. CITY OR TO	WN (If outside corporate limits, L and give nearest town)	c. LENGTH DF STAY IN 16		autside carparate limits, write RURAL ai	and give nearest tawn)
U.S.A.	F. Hespital Ar	in haspital, give street address)	d Sprey Address 205 Cypy	ress St., Dever, D	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle D.	Ja cksen	4. DATE Manth OF DEATH 9—	Doy Year 30 19 67
S. Male ,	6. COLOR OR RACE	7. MARRIED 🔼 NEVER MARRIED 🔲 WIDOWED 🔲 DIVORCED 🔲	B. DATE OF BIRTH 1-13-1922		UNDER 1 YEAR IF UNDER 24 HRS inths Days Haurs Min.
	ATION (Give kind af wark done king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Military	Indiana		12. CITIZEN OF WHAT
13. FATHER'S NA	me iam Jackson		14. MOTHER'S MAIDEN Zella W:	ray	
	D EVER IN U.S. ARMED FORCES? wn) (If yes give war ar dates of s 1943-48-6	ervice)	INFORMANT	Address	
Canditians, in rise to immediate the last.	f any, which gave bediate cause (a), underlying cause (c)	adlanocarcim	a of the	right lung	ONSET AND DEATH
		ITRIBUTING TO DEATH BUT NOT RELATED TO			PERFORMED? YES NO
	T WAS UNDERLYING ITING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in) Port I or Part" af item 18.)	
	F INJURY Month, Day, Year or a.m. p.m. 19		ACE OF INJURY (Hame, far tary, street, affice bldg., etc		(County) (State)
	ertify that (1) (this haspi e deceased alive an	tal) attended the deceased fram_ 19, and tha	nt death accurred a		, 19, that (I) (we) lo an the date stated above
22a. SIGNAT	IAN'S	, M	D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	DATE SIGNED
NAME (Type) MATION, 23b. DATE THERI	EOF 23c NAME OF CEMETERY OR		23d. LOCATION (City or Town)	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Tand should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours afterward.

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12853

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	2862
T.		LACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Reside a. STATE b. COUNTY	
		Prince George's MARYLAND CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16	Maryland Prince Ge	orge's
	b	CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside carparate limits, write RURAL and gi	ve nearest tawn)
		Cheverly DOA	Hillcrest Heights	16-1
	d	NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
9	P	rince George General Hospital	2713 Colebrook Drive	YES NO TO
	3. N	AME OF First Middle	Last 4. DATE Manth	Doy Year
	P	ECEASED (Ype or print) Charles Clark ©	Jewell OF DEATH 9	5 19 67
1	S. S		8. DATE OF BIRTH 9. AGE (In years IF UNDER	R I YEAR IF UNDER 24 HRS.
	3.6	ale White WIDOWED DIVORCED	3-29-1912 last birthday) Months 55 yrs.	Days Hours Min.
ł	10a	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. C	ITIZEN OF WHAT
	durir	ag most of working life, even if retired) INDUSTRY		OUNTRY?
ŀ	13	Refrigeration Medhanic	Winchester, Maryland	USA
	10.			
	15	George Jewell WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Ruby Eaton INFORMANT Address	
	(Yes	, no, or unknown) (If yes give war ar dates af service)		Md.
			Mrs. C. Clarke Jewell St	
		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:		ONSET, AND DEATH
		IMMEDIATE CAUSE (a) Heart Iailure		onset and death minutes
		7200 DUE TO Arteriosclerotic h	neart disease	over 9 mo.
		Conditions, if any, which gave rise to immediate cause (a).		
		stoting the underlying cause DUE TO		
		lost. (c)		
	S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
	E.			YES NO X
	TIE	20a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	(Enter nature of injury in Part I or Part II of item 18.)	
	T CE	CAUSE OF DEATH.		
	MEDICAL CERTIFICATION			ounty) (State)
	ME	Hour a.m. p.m. 19 While at work at work	tory, street, office bldg., etc.)	
		21. I certify that I taak charge of the remains described above, he	eld an Autapsy , Inspection 🕱, Inquiry 🛣	and in my opinion
			cide , Hamicide Undetermined manner	_
		0 ; 0	CHIEF MEDICAL EXAMINER	1
		ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
		EXAMINER'S A A	DEPUTY MEDICAL EXAMINER	
-		NAME (Type) John Wende, M.D. Riverdale, Md.		9-5-67
	23a.	BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town)	(County) (State)
		REMOVAL (Specify Burial Sept. 7 Stevensvil	le Stevensville,	Maryland
		FUNERAL DIRECTOR ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S	
1	1	March Hall March Hall M	arvland SFP 7 198/ Julies	reles indel

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12863

FOR ST	ATE
HEALTH	DEPT.
S & 5 S	of

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any a necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3

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	with the S	W.	
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	ermit. Fil	ithin 72 F	
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	shauld be used as a burial-transit permit. File pages land	lealth priar to burial, crematian, ar remaval, and in any event within 72 hours after dea	
r files.	a 3 shaul	atian, ar	
ar yau	R: Page	ıl, crem	
may be retained far yaur fi	TO FUNERAL DIRECTOR: Page 3 sh	r to buria	
nay be r	UNERAL	alth pria	
5 1	TO F	He	7

III EDI	CAE EMAININER S	CERTIFICATE	OI DEATH	
1. PLACE OF DEATH				Iulion: Residence before admission)
o. COUNTY	MARYLAND	o. STATE Maryland		nce George's
Prince George 's b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 15			RURAL and give nearest lown)
write RURAL and give nearest town)	DOA			1/-1
Cheverly		Lanham		1 1/2 DESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi	ve street oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
Prince George General Hos	pital	9401 Fon	tana Drive	YES NO 🔀
3. NAME OF First DECEASED	Middle	Lost	4. DATE M	onth Doy Year
	phia Jo	nes	DEATH	9 13 19 67
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years lost birthdoy)	
Female White WIDOWED	DIVORCED DIV	5 Oct. 189		
10o. USUAL OCCUPATION (Give kind of work done 10b. KIN	ID OF BUSINESS OR	11. BIRTHPLACE (Stot		12. CITIZEN OF WHAT
	DUSTRY	Manhamat	n - D 0	COUNTRY?
13. FATHER'S NAME	ome	14. MOTHER'S MAIDEN	on, D. C.	U.S.A.
Edward T. Stunkel	OCIAL CECUDITY NO. 12	INFORMANT	G. Stunkel	ldress
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	9-24-0364D Ca		ones, Jr. Bur	
	oa.	Tecon 1. 0	ones, or bur	constante, Mu.
18., CAUSE OF DEATH (Enter only one couse per line for ((o), (b), ond (c).)			INTERVAL BETWEEN
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E 200. EXTERNAL CAUSE WAS 20b. DES	CRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)	
CAUSE OF DEATH.				
= 1 100		CE OF INJURY (Home, for		(County) (Stole)
Hour o.m. While of work		tory, street, office bldg., et	(.)	
21. I certify that I taak charge of the rem		old an Autansy	, Inspection X, Ir	nquiry 🕱, and in my apinia
death resulted from Natural causes,	//	ide . Hamicid		
dedili lesolled ilbili	, Acideiii , Suit	CHIEF MEDICA		manner
ACTUAL STORY	W			22. DATE SIGNED
SIGNATURE	/ //	m.D.	DICAL EXAMINER [_]	
EXAMINER'S NAME (Type) John Kehoe, M.D.	Riverdale, Md.		CAL EXAMINER (3d) et, city, town, or county)	9-14-67
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or	Town) (County) (Stote)
Burial Sept. 15.1967	t. Lincoln Co	meterv	Colman Man	or P. G. Md
24 FUNERAL DIRECTOR	ADDRESS	2So. REC	D BY REGISTRAR 25b.	or P. G. Md. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville	Maryland	DASE		Charles Juage
r. dasch s sons njactsville	9 rial y Lanu	DAR	//	

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HEALTH DEPT.

and 2 with the State Depar

Heolth prior to burial, cremation, or removal, ond in ony event within 72 hours after deoth

delay is

TO DEPUTY MENTAL EXAMINER: This certificate shauld be executed within 24 hours ofter deoth. If

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages

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15 413

necessary, please execute the certificate, writing the word "pending"

Give Poges 1, 2, and with form

in pencil in Item 18.

Office of

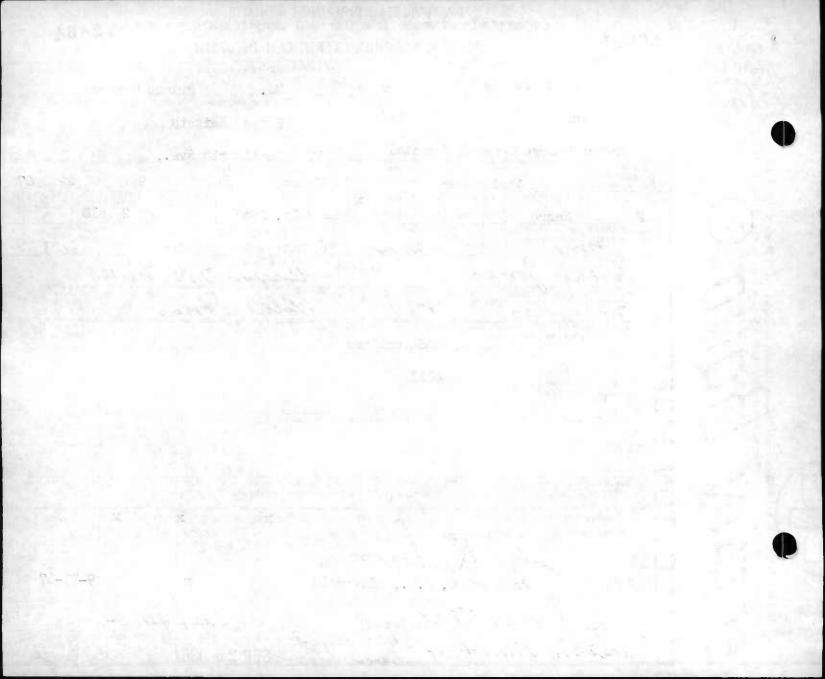
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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EXAMINER'S	Toh	n Koho	o M D	Riverda	DEPUTY I	MFDICAL EXAM	INER		0-2	3-67
NAME (Type)	/ 3011	n keno	e, m.D., 1	LIVETUA	Address	(Street, city, to	own, or county)		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12005

FOR STATE		12000 N	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	12	000
HEALTH DEPT.		ACE OF DEATH COUNTY		2. USUAL RESIDENCE (Where deceosed o. STATE	lived, if institution: Residence of Columbia	before odmission)
Dry delay is 2, and 3 to PM3. Page partment of	-	Prince Geor				
Jelo 3. B	D.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY DR TDWN (If autside carporate I	mits, write RURAL and give n	learest tawn)
P.M. art		Cheverly	DOA	Washington		41.
Dep Dep	d.	NAME OF HOSPITAL OR INSTITUTION (If not in hosp	pital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
- 00		Prince George General	l Hospital	3206 Wisconsin	Ave., N.W.	YES NO X
with he Store		AME OF First	Middle	Lost 4. DATE	Month	Doy Year
0 2 > 3	DI (T	(CEASED (YPE or print) Helga		OF DEATH	9	24 19 67
Give d	S. SE	TICLE LE	RIED NEVER MARRIED	B. DATE OF BIRTH 9. A	GE (In years IF UNDER I Y	EAR IF UNDER 24 HRS.
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thours Item 18 Office I and 2	10o l	ISLIAL OCCUPATION (Give kind of work done	Ob. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign count		EN OF WHAT
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ed within 24 hours in pencil in Item 18 I Examiner's Office control of the pages 1 and 2 v 72 haurs after death	13.					
d wit in pe Exan File 2 hau	20 1	Thorwald Lauridsen WAS DECEASED EVER IN U.S. ARMED FORCES?	14 CDCIAL CECUDITY NO. 1 17 I	Laura Neil	son	24 47
rir ir in ii. I		no, or unknown) (If yes give wor or dates of service)	1	NFORMANT	Address Pelh	am, N.Y.
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the state of the s		toting the underlying couse DUE TO				
ficat ing rded as a) (c)	Auto Accident			
EXAMINER: This certificate should be executed within 24 hours after the certificate, writing the word "pending" in pencil in Item 18. Ginge 4 should be farwarded to the Chief Medical Examiner's Office along your files. Page 3 should be used as a burial-transit permit. File pages I and 2 with cremation, or remayal, and in any event within 72 hours after death.	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o)	19. WAS AUTOPSY PERFORMED?
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EXAMINER: cute the certing age 4 shauld your files. Page 3 shauld crematian, or	WED	1:03 mm 9 24 19 67	While Not While Balt.	ory, street, office bldg., etc.) Wash Parkway A	Amudal Ca	WA
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× 10 10		SIGNATURE		DEPUTY MEDICAL EXAMINER		01 (7
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(XI)	24.	Cremation 9-27-196	ADDRESS	2So. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIGI	NATURE
VR A15ME (5)	4	funeral Director Oseph, Gawler's Sor 0130 Visc. Ave. N.	W. ash. DC	DATE OCT 3		y Judge
14	-	TOU "ISC. HVe. N.	w. ash.Du	DAILUU J	101	1

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Items 18&21 Film 396 MARYLAND STATE DEPARTMENT OF HEALTH 1-15-68 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12866 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. COUNTY o. STATE PM3. Poge Prince George 's
b. CITY OR TOWN (If outside corporate limits, MARYLAND Marvland delay permit. File pages land 2 with the State Deportment c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup write RURAL and give nearest town) Cheverly DOA Laurel d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS the Chief Medical Examiner's Office along with form Give Poges 1, NO IL Prince George General Hospital Laurel Park NAME OF Middle 4. DATE Month Year DECEASED (Type or print) Elsie Kilpatrick DEATH IF UNDER IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months in Item 18. Doys Hours deoth WIDOWED DIVORCED Female White 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if settled) RTHPLACE (State or foreign count 12. CITIZEN OF WHAT Stoure W pencil USIE .⊆ WAS DECEASED EVER IN U.S. ARMED FORCES? EDWARDE KILPATRICK SAME AS 2 pending (Yes, no, or unknown) (If yes give wor or dotes of service event within 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) NTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Undetermined IMMEDIATE CAUSE (o) certificate should writing the word DUF TO any Conditions, if ony, which gove rise to immediate couse (a), 4 should be farwarded to 2 stating the underlying couse 0 pub SO be used WAS AUTOPS removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION execute the certificote, YES X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should burial, cremation, or PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. WEDICAL 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (Stote) Hour o.m. foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page Not While Page at work ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection x Inquiry x and in my apinian funerol director. death resulted fram: Natural coures Hamicide Undetermined manner CHIEF MEDICAL EXAMINER Health prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Riverdale, Md. 9-13-67 John Kehoe, M.D. NAME (Type) Address (Street, city, town, or county) the 23c. NAME OF CEMETERY LOCATION (City or Town) 50 25b. REGISTRAR'S SIGNATUR VR A15ME (5)

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ours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

Poge 4 moy be retoined by the hospital or ottending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by the director, page 3 should be detached far use os the burial-tronsit permit. Then pleose remave carbor papers. Pageshould be filed with the Stote Dept. of Health prior to buriol, cremation, or removol, and in any event, within 22 hours of

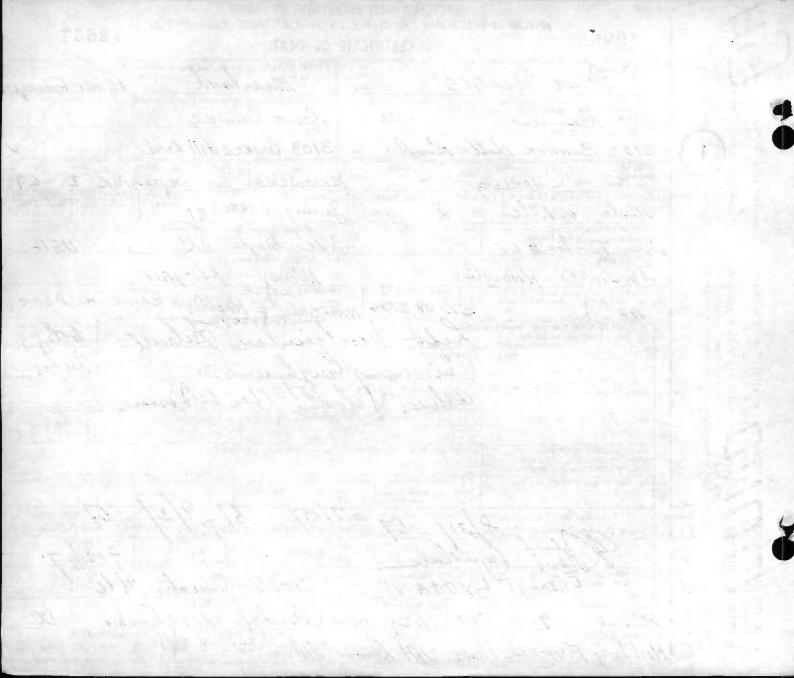
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12867

	in to O O O	CERTIFICATE	OF DEATH		
Ì	1. PLACE OF DEATH)		2. USUAL RESIDENCE (Where deced		idence before admission)
	O. COUNTY PRINCE GEORG		O. STATE MARY PAN	- //	Pince Georges
	 b. CITY OR TOWN (1f outside corporate limits, write RURAL and give nearest tawn) 	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpor		give neorest town)
	Mt Ramer	ys.	MOUNT KAINIE	ER	16-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
0	3103 Bunker Hu	I Road	3103 BUNKER H	till Road	YES NO P
	3. NAME OF DECEASED (Type or print) CHARLES		Lost 4. DATE OF DEATH		
	-02 1 . 1	MARRIED NEVER MARRIED E	DATE OF BIRTH	9. AGE (In feors IF UNI Month yrs.	DER 1 YEAR OF UNDER 24 HRS. Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or for	N. T.	COUNTRY?
-[13. FATHER'S NAME	0	14. MOTHER'S MAIDEN NAME	/	
	DAVID O KNOW	les	MARY /	LOGAN	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of servi		ARBARELE KNOW	Address SAME	AS Above.
	1B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line to (d), (b), and (c).)	triulas.	Belyn	INTERVAL BETWEEN
	DUE TO	Blown	B		20 des
	rise to immediate couse (a), stating the underlying couse	Dut DI	May serve	11	1
	last. (c)	Willey Vile	willy I fear	- History	
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIV	'EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. ((Enter noture of injury in Port I or Po	ort 11 af item 18.)	
	20c. TIME OF INJURY Month, Doy, Yeor Hour'o.m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	(City or town)	(County) (Stote)
			death accurred at 30	to 7/2, 1 M, from cayses and ar	that (I) (we) last the date stated above.
	220. SIGNATURE THE	deline M.D		STAFF PHYS. 22b	DATE SIGNED
	22c. PHYSICIAN'S T. SZCANT L	YDDANE	22d. ADDRESS 3066 - Q	wish . 4/	4!
	230. BURIAL, CREMATION, 23b. DATE THEREOF SCHOOL (Specify) 9-6-19	21-11	CREMATORY 23d. L	OCATION (City or Town)	(County) D(State)
	24. FUNERAL DIRECTOR	ADDRESS	250. RECED BY REGIST	RAR 25b. REGISTRAR	'S SIGNATURE
	NALLEU FUNDED A	and Mt Faidux	DATE SEP	0 1301 /	carely judges



VR A1S (4) 20M S-63

MARTE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12859 CERTIFICATE OF DEATH 12868

	1. PLACE OF DEATH • . COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)							
	PRINCE GEORGE MARYLAND	B. STATE MARYLAND b. COUNTY PC.							
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	write RURAL and give nearest town)	BowiE							
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS e. IS RESIDENCE							
12	LAUREL GENERAL HOSpitAL	Route 1 Box 101 ON A FARM? YES □ NO NO							
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer							
	(Type or print) STEPHEN C	ANDRAM JR DEATH Sept. 10 1967							
	3. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.							
	777 WIDOWED DIVORCED	8/8/1894 P3 yrs. Months Deys Hours Min.							
	10e. USUAL OCCUPATION (Give kind of work done during most of working life/even if retired)	RY 11. BERTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
F,	store Reeper Tuner	P.G. Co. Md. 45A							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	slepten & Lanham SK	margaret R. Daldwin							
V	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown) (Ifyesgivewarordetesofservice)	INFORMANT & Address							
	ro 217035266)4	elen Lidanfam, Cowel, mg							
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (0) Cordiac Kilve Metathatic Corcinoza								
Е	157 X DUE TO								
	Conditions, if ony, which) (b) Corcinomo of soveres inetactoris								
	geve rise to immediate cause	The state of the s							
	(e), steting the underlying course lest. (c)								
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY							
9	OIL -	PERFORMED?							
-yL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING CONCENTIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Pert I or Pert II of item 1B.)							
		ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)							
	p.m. 19 et work et work								
	21. I certify that (I) (this hospital) attended the deceased from	19.59 to 9.7, that (I) (we) last							
	saw the deceased alive on 9 9 19 62, and that	death occurred at A.M. from the causes and on the date stated above.							
	22a. SIGNATURE	ATTENDING) MED. STAFF 22b. DATE SIGNED							
	Odolo Freiendrein M	A.D. PHYS. DIRECTOR PHYS. 7-10-63							
,	22c. PHYSICIAN'S NAME (Type) TOOL O PIERANDREW	22d. ADDRESS							
1	I DONO LIEVANDUE M	Same My -							
	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	11 21 24 2							
	Burial Sept 13, 1967 White Marsh	Cemetery White Marsh Pro Geo Md.							
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE							
D	F. Gasch's Sons Hyattsville, Md.	DATE SEP 14 1961 Charles Judge.							
1100									

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	-		286	0		-	MEDI	CAL	EXAM	NER'S	CERT	IFICAT	E OF	DEAT	Ή		128	69		7
HEALTH DEP	V		F DEATH										NCE (Wh	ere deceos	ed lived, i		ion: Resider	ce before	odmission	V
2, and 3 to PM3. Page		o. COUN	Prin	ce Ge	orge	Is			MA	RYLAND	l vi	rgini	a			b. COUI	NIY			
Po Po	6	b. CITY	OR TOWN (If	autside corp	orote limit	s,		c. LENG	TH OF STA	'IN Ib				de corpore	te limits, v	write RUI	RAL ond giv	e nearest	tawn)	
an an M3.	24		RURAL ond on heverl		tawn)		100	1	DOA		F	alls	Chu	rch					73	13
f any deloy 1, 2, and 3 m PM3. Po	00		OF HOSPITAL		TION (If no	ot in hos	pitol, giv	-	000			EET ADDRES		UII.				е	IS RESIDE	NCE
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after deoth. If a Give Poges 1, olong with form with he State		3. NAME (COLEC	Fi	rst	1100	DIV	Middle		11,704	Last		A. DATE	I y D	Mont		Doy	Year	
To de	1	(Type or	ED print)	.1	ames		R	ich	hae	Т	awre	nce		OF DEATH		C		26	19	67
Giv Giv Sng		S. SEX		6. COLOR O		7. MAI	-		VER MARR			OF BIRTH			. AGE (In		IF UNDER	1 YEAR	IF UNDER :	24 HRS.
s aft. 18. G 18. olor		Male		Whit	0	WID	OWED [Ĩ	DIVOR	ED 🗍	20	Oct.	1020	0	lost birt	hdoy) yrs.	Months	Days	Hours	Min.
thours after deoth. If a Office olong with form lond 2 with the State Leads and the State Leads are lond 2 with the State Leads and the State Leads are lond 2 with the State Leads are lond 2	neo	10o. USUAL	OCCUPATION (Give kind of	work done				SINESS OR		11. 8	BIRTHPLACE	(State or	foreign co	ountry)	1.5.	12. CI	TIZEN OF	WHAT	
24 h in Ite r's O r's O	e e	Carpe	of working lif	e, even if ret	ired)			istry ivat			T.	awren	00	Ponn	9		CC	UNTRY?	Δ	
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within pencil xamine ile poge	on l	2.64 1	M T								Mon	v Vul	aon							
Ex Ex	7	IS. WAS D	M. Las	IN U.S. ARME	D FORCES?		16. SC	CIAL SE	CURITY NO	17.	INFORM/	INT	Cer			Addre	ess			
urte iical mit.		(Yes, no or	unknown) (I	f γes give we	or or dates o	of service)			Sa	ndra	L. L	awre	nce	(wife	a)				
Id be executed within 24 hours of the conding in pencil in Item 18 Chief Medical Examiner's Office of the football of the condition of the con			AUSE OF DEA), (b), c	ond (c).)	1									RVAL BETW	
should be en word 'per to the Chief	=		PART I. DEATH	WAS CAUSE	D BY:	(0)	11	10	5/41	NG	10	JUR	4	TO	6/-1-	5	7-	ONS	ET AND DE	ATH
word the Ch	D C	9	1123	IIIIIEU	DUE	1 /												1-		
should e word o the Ch	EV .		ions, if ony, v)	(b) /	111		AB,	DOM	E	1								
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fico ing ded ded		last.		,9)	(c) C	12		LA	LA	HTI	101	6	1 5	KA.	12		1		~
	-	PART	I. OTHER SIGN	NIFICANT CO	NDITIONS C	ONTRIBL	ITING TO	DEATH	BUT NOT R	ELATED TO	THE TERM	INAL DISEAS	SE CONDI	TION GIVE	N IN PART	1(0)		19.	WAS AUTOF	SY
This critate, be for	Leimovoi,	200. E PRIMA (AIISE																YE		10 🔀
INER: Thi e certificat should be files. 3 should be	9	20o. E	XTERNAL CAUS	SE WAS	1	1	Ob. DESC	RIBE HO	W INJURY	OCCURRED.	(Enter no	ture of inju	iry in Po	t I or Por	t It of item	18.)				
e certific should b files.	io ,		RYE or CONT OF DEATH.	KIBOTINO L			Run	ove	r by	tract	or.									F
EXAMINER ute the cer oge 4 shoul your files. Page 3 sho	16	20c. T	IME OF INJUR	Y Month, D	ay, Yeor		20d IN1	IRY OCC	LIRRED	20e PLA	ACE OF IN	JURY (Home	e, farm,	20C1	ever	TWD)	Md. (Co	unty)	(5)	tote)
EXAM ute th your your Page	16	₹ 9:5	Oam p.m.	9-2	6- 19	67	at work	Not of	work [Cons	struc	tion	sit	Pr	ince	Geo	orge I	losp.		47
Pog for y		21	I certify	that I to	ok chorge	e of th	e remo	oins de	escribed	obove, h	eld on /	Autopsy [Inspecti	on xd,	Inqu	uiry 😿 ,	ond	in my o	pinion
MEDICAL Boleose exect director. Poetained for DIRECTOR:	buriar,	de	oth resulte	d from:	Noture	ol cous	es 🗌	, Ac	cident/	J, Sui	cide [, Hom	icide [], U	ndetermi	ined m	onner			
EPUTY MEDICA Issary, pleose ex funeral director. ay be retained in INERAL DIRECTO	0	ACTU			1	/		1/	1	1	7	CHIEF ME	DICAL EX	AMINER						
	5	SIGNA			10	10	-/	(i	1	-	M.D.			L EXAMIN				2	2. DATE S	IGNED
UT,	5 0	EXAM	INER'S		1		//			/				EXAMINER						
D DEPUTY necessary, p the funeral may be re p FUNERAL	oud ulina		(Type) Jo				•			e, Mo			(Street, c		or county)				26-6	
the S m	D		L, CREMATION VAL (Specify)		DATE TH					METERY OR					CATION (Ci			(County)	(Sto	ite}
		Bine	97	./	Sept.	29	67	Ca	Ivar	y Mem	oria	1 Par	K DEC'D	Bur	ke,		GISTRAR'S S	ICHIATUD		
VR A15ME (5)		Covi	al DIRECTOR	Marti	n Fun	era	l Ho	me 6	5161	Leesb	urg	Pike	, C [ח ח מ	196		rclias		Judg	6
OM 1/0/		4	Ernus	1/1	(Res	-			ralls	Chur	ch,	Va DATE	SE	43	100	- 4		-	9	- ,

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12861

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12870

	12861 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	870
1.	PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Reside o. STATE b. COUNTY Maryland Prince Geo	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give	ve nearest town)
	Riverdale DOA	University Park	16-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
99_	Chamber's Funeral Home	6724 Baltimore Blvd.	YES NO X
3.	NAME OF First Middle DECEASED (Type or print) John Edinger Li	inch Lost 4. DATE Month OF DEATH 9	Doy Year 15 19 67
S.		B. DATE OF BIRTH 9. AGE (In years IF UNDER	R 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED X	1-6-1912 lost birthday) Months	Doys Hours Min.
10 du	to, USUAL OCCUPATION (Give kind of work done pring most of working life, even if retired) U.S. MARINE CORPS.	11. BIRTHPLACE (Stote or foreign country) 12. C	ITIZEN OF WHAT OUNTRY? U-S.A
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
L	EDWARD P. LINCH	MABLE EDDINGER	
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wor or dotes of service) 186-01-8543		F PRUSSIA, PA
	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart, failure		INTERVAL BETWEEN ONSET AND DEATH MINUTES
	DUE TO Arteriosclerotic h	neart disease	unknown
	Conditions, if ony, which gove rise to immediate couse (a),		
	stoting the underlying couse DUE TO (c)		
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	PERFORMED? YES NO 🔀
CERTIFICATION		. (Enter noture of injury in Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 20d. INJURY OCCURRED While Not While of work at work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) 20f. (City or town) (Co	ounty) (Stote)
	21. I certify that I took charge of the remains described bave, h	eld an Autapsy 🔲, 🛮 Inspection 🔀, 🔻 Inquiry 🛣,	ond in my opinion
	death resulted fram: Natural causes Accident Sui	icide 🔲, Hamicide 🔲, Undetermined manner 🕻	
	ACTUAL SIGNATURE TOM PLANT	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
	EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Mc		9-18-67
23	BO BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMOVAL (Specify) 9-26-67 FT. LINEUL	23d. LOCATION (City or Town) LN CREMATORY 13LADENS BURG	(County) (State)
2	24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b REGISTRAR'S	SIGNATURE
	WILL CHAMBERS CO MILERDALE.	MD SEP 28 1967 VCLO	ween Jusses

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12862

CERTIFICATE OF DEATH

12871

	SERTITORII	
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
	O. COUNTY PRINCE GEORGE MARYLAND	O. STATE MARYLAND b. COUNTY C. LARIES
	b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	write RURAL and give nearest town) 8-7-67-9-30-6	RURAL - Charlotte HALL 08,2
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	PINEVIEW GARDENS	YES NOTE:
3	NAME OF First Middle DECEASED (Type or print) MARY Middle	Long de Death Grand Gran
S	. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Iast birthdoy) Months Doys Hours Min.
	WIDOWED DIVORCED	7-17-1882 85 yrs.
	Do. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY T	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE AT nome	Charles COUNTY MARYLAND!
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L	JOHN G. FARR	CATHERINE R. DAVIS
1	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes. po. or unknown) lift yes give wor or dotes of service)	INFORMANT Address
L	Yes, no, or unknown) (If yes give wor or dotes of service) 217-36-8642 J	ames Judson Long-Son-Charlotte Hall
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	Cinles C Afflata Material Between ONSET AND DEATH
	IMMEDIATE CAUSE (0) Cardiovac	one cognification of the contraction of the contrac
	TH3X DUE TO COUNTY STORY	3 days
	Conditions, if ony, which gove rise to immediate cause (o),	scule reporters,
	stoting the underlying couse DUE 10	ot disease
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT BELATED TO	THE FEMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
1 20	PART II. OTHER SIGNIFICANCE CONDITIONS CONTRIBUTING TO DEATH THE NOT PELATED TO	PERFORMED?
1 3	200. ACCIDENT WAS UNDERLYING 1	(Enter noture of injury in Port I or Port II of item 18.)
CEPTIFICATION		. (criter notate of injury in zon i of zon ii of nem to.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 2Dd. INJURY OCCURRED 20e. PL. Hour o.m. While Not While for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
M	p.m. 19 of work of work	tion, since, onice order, etc.)
	21. I certify that (1) (this hospital) aftended the deceased from_	8-7, 1967, to 9/30, 16 7that (1) (we) lost
		death accurred at 5.55 M, from causes and on the date stated above.
	220. SIGNATURE lefted faper M	D. CATTENDING ATTENDING DIRECTOR DIPHYS. DIPHY
	22c. PHYSICIAN'S NAME (Type) ALKRED RLAPIN, M	22d. ADDRESS CLINTON, MD
2	30. BURIAL, CREMATION, REMOVAL (Specify) 23b. Date THEREOF 23c. NAME OF CEMETERY OR 10/3/1967 St. Mary!	s Cemetery 23d. LOCATION (City or Town) (County) (Stote) s Cemetery Newport , Maryland
1	24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	PREMART FUNERAL HOME+ 100)	DATE DATE CT 4 1967 goliantes Judge

24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletery filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove cachan papers. Pages 1 and director, page 3 shauld be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after deat TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

ESVOLT III - AUCEDIDE TOEDUN BEERRINGEDONGE - (15) ALEND TO GO OF THE LONG COMMISSION DESIGNATION OF THE STREET

	Division of STATISTICAL 12863 Item #2a,	MARYLAND STATE DE L RESEARCH AND RECORDS, 30	3 10/11/67 ph	LTIMORE, MARYLAND 212	
	12000	CERTIFICATE	OF DEATH	là	2872
	PLACE OF DEATH			ceased lived, if institution: Residence	e before admissian)
	a. COUNTY PRINCE Geo		Marylehid/ D	.C. Prince	666. V
H	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH DF STAY IN 1b		parate limits, write RURAL and give	
	Hyattsville	10 months 12 days			D.C. 472
	d. NAME OF HDSPITAL DR INSTITUTION (If not in h	aspital, give street address)		Otis St., N.E.	e. IS RESIDENCE ON A FARM?
	CARROLL MANO.			ny/Narai/As/Hon	
-	NAME DF DECEASED (Type or print) First DECEASED (Type or print)	Middle	Lucas 0F		29 19 67
			8. DATE OF BIRTH	9. AGE (In years IF UNDER)	YEAR IF UNDER 24 HRS.
	F W. W	IDOWED DIVORCED	NOU. 24 1880	lost birthdoy) Months	Doys Hours Min.
dur	a. USUAL OCCUPATION (Give kind of wark done ing most of warking life, even if retired) Levical Super UISON FATHER'S NAME	nest.	11. BIRTHPLACE (County & State, WASHING + 14. MOTHER'S MAIDEN NAME	COL	IZEN OF WHAT UNTRY?
15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	<i>D.</i>
	es na, or unknown) (If yes give wor or dates af serv	579-60-5126		LORES. CA	FFOLL MANOR.
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (a), (b), and (c).)	borés		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove) DUE TO	generalized +	circleal as	fere oselvis.	10 gr.
	rise to immediate cause (a), stating the underlying couse	Pasconii sa Cari	ti : 500 in		21%.
H	(c)	and the second and the second	THE TENTHAL DIFFERE CONDITION	OUT IN DART 1/-1	19. WAS AUTOPSY
AIION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	faiture of	THE TERMINAL DISEASE CONDITION 1) LABELE	GIVEN IN PART I(0)	PERFORMED? YES NO
CERTIFIC	20o. ÁCCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part I ar	Part II of item 18.)	
MEDICA	20x. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19		CE OF INJURY (Home, form, lary, street, office bldg., etc.)	Of. (City ar tawn) (Cou	inty) (State)
ĕ	21. I certify that (I) (this hospital sow the deceased alive on A) ottended the deceosed from_ 6 k 2 9 1967, and the	t deoth occurred of first	to 4.4.29, 196 M, from couses ond on the	that (I) (we) lost the date stated above.

22a. SIGNATURE PHYSICIAN'S NAME (Type)

Home Inc.

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING PHYS.

22d. ADDRESS

M.D.

23d. LOCATION (City or Town)

STAFF PHYS.

(County) (State)

DATE SIGNED

BURIAL, CREMATION, REMOVAL (Specify) 23a.

23b. DATE THEREOF 10/2 67

Nal ley

Tuneral ADDRESS Mt. Rainier, 250. REC'D BY REGISTRAR
Mar yland QAET 4 196

Wash., D.C.

2Sb. REGISTRAR'S SIGNATURE

22b.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please camove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate

Page 4 may be retained by the hospital or ottending physician.

executed within 24 hours after

and completely filled in by

1967

MED. DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12864

CERTIFICATE OF DEATH

12873

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. in by the funeral rs. Pages 1 onc bours ofter dea TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion ond completely fittled director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers and the State Dept. of Health prior to burial, cremotion, or removal, and in ony event, within 7 Page 4 may be retained by the hospital or ottending physician.

	- No O 4	7.1		CERTITI	CAIL	OI DEATH							
1.	PLACE OF DEATH COUNTY Prince					2. USUAL RESIDENCE (V	Where dec		titution: Reside			in)	
				MARYL									
	write RURAL o	(If autside carparate limited aive nearest town)	rs,	c. LENGTH OF STAY IN	Ib	c. CITY OR TOWN (If autside carparate limits, write RURAL and g					give nearest tawn)		
	Cheverl	nd give nearest town)		2 days		College Park					16-1		
	d. NAME OF HOSP	PITAL OR INSTITUTION (If n	at in haspital, g	give street address)		d. STREET ADDRESS e. IS RESID ON A FA							
	Prince	Georges Gene	eral Ho	spital		5011 Indian Lane					YES NO K		
3.	NAME OF DECEASED	F	irst	Middle		Last	4. DAT		Manth	Day	Yeo)[
	(Type or print)		David	R.		Luxen	DEA		3 Sept.		196		
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In year		Days	IF UNDER Haurs	24 HRS.	
	Male	White	WIDOWED	XX DIVORCED		ct. 5, 189.	5	71 Y		Duys	110015	mill.	
		ON (Give kind of work dane		ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, a	r foreign country)		ITIZEN OF			
aur		ng life, even if retired) hman	IN	Motel Motel		Washing	ton	D. C.		S A			
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	-						
		_	Luxen			Unkno	own						
15	WAS DECEASED F	VER IN U.S. ARMED FORCES	16	SOCIAL SECURITY NO.	17. IN	FORMANT		A	ddress				
	es, na, or unknown	(If yes give war or dotes	of service)	14 6047		nces Ardell	o Wi		College	Par	le M	d	
-	no	DEATH OF A			Tria	nces ar dell		18011	olicge				
		DEATH (Enter only one co EATH WAS CAUSED BY:									RVAL BET		
10	1151	IMMEDIATE CAUSE	1.7	pture Aorti	LC An	eurysm.				-			
	401		E TO				4===						
п	rise ta immedi	ny, which gave	. ,	troperintor	neal	Hemorrhage	(/5	0)).					
	stoting the und		TO A	hand analam		cardiovasc		44					
13	last.	,	(c) AE	reliozciero	TIC	cardiovasci	ular	disease	•				
ATION	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING 1	O DEATH BUT NOT RELA	TED TO TH	HE TERMINAL DISEASE COI	NDITION G	GIVEN IN PART 1(a)	19. YE	WAS AUTO PERFORM S		
CERTIFICATION	OR CONTRIBUTIN	YAS UNDERLYING ☐ IG ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	URRED. (I	inter nature af injury in	Part I ar	Part II af item 18.)				
MEDICAL		JURY Manth, Day, Year	2Dd. II	NJURY OCCURRED		OF INJURY (Home, farn		f. (City or tawr) (6	ounty)	(State)	
MEE	Hour	o.m. p.m. 19	While at worl		facto	ry, street, office bldg., etc.)						
		tify that (1) (this he			rom	Time, 1	1967	to Sent.	23. 190	57 th	at (1) 6	eze) last	
	saw the	deceased alive an_	Sept 23	19.67, 01	nd that	death accurred at	5:45E	M, from caus	es ond on	the date	e stoted	obove.	
	22o. SIGNATUR									DATE SIGN			
		leur 2	Jun	V	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	□ Se	pt.2	5,19	67	
	22c. PHYSICIAN					22d. ADDRESS							
	NAME (TYP	peter Du	is, M.	D.		6124 Cent	tral	Ave. Ca	oital H	lghts	, Md	•	
230	BURIAL, CREMA		HEREOF	23c. NAME OF CEMET	ERY OR C	REMATORY	23d.	LOCATION (City of	r Town)	(County) (S	tate)	
1	REMOVAL (Special	Sept 2	27, 196	Ft Linco	ln C	emetery	Col	mar Man	or, Pro	Geo		Md.	
24	. FUNERAL DIREC	TOR		ADDRESS		2So. REC'I	D BY REG		. REGISTRAR'S		RE	100	
		F. Gasch's	Sons	lyattsville	, Md	• DATSE	P 27	1967	Ther	Cas y	noge	-	

VR A15 (4) 25M 1/67

THE STAN DE CO.			
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	THE PRESENCE OF TAXABLE PROPERTY.	TO THE PERSON NAMED IN COLUMN	
		- Y	
Se Jen 15		. R htv://	
	net. 5, 1895 M		
	A STATE OF STATE OF STATE OF		
AND THE CAN LIE			
		plant sure british	
	of Georgians (750));	Allega Compression	
.02	ic cardiovarenter disen-	Arranjoroinsol	
E.23.	200		Control of the Contro
	CALL VICTOR IN THE RESIDENCE	L5. 1002	
Smt. 25, 1967			
THE CONTRACTOR CONTRACTOR	THE PERSON NAMED IN COLUMN		AND IN CAMP OF STREET
· · · · · · · · · · · · · · · · · · ·	SIZA Darpal Ave.		and related absorber
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	Yes 1/2 4331 1 1000	ONLY STATE OF STATE	SECRETARIAN SECRET

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12865

FOR STATE HEALTH DEPT.

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. It may be retained for your files. necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deoth. If

5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the Health prior to burial, cremotion, or removal, and in any event within 72 hours ofter death

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12874

18000				
PLACE OF DEATH O. COUNTY			(Where deceosed lived, if institution	
Prince George's	MARYLAND	Maryland	b. CDUN	ce George!s
	OF STAY IN 1b	c. CITY DR TOWN (IF	autside carparate limits, write RUR	
write RURAL and give nearest tawn)	27177 117 127			14 - 1
Camp Springs		Camp Spr	ings	/0/
d. NAME OF HDSPITAL DR INSTITUTION (If not in hospital, give street a	ddress)	d. STREET ADDRESS		e. IS RESIDENCE DN A FARM?
7507 Chesterfield Drive		7507 Ches	terfield Drive	YES NO CE
3. NAME OF First	Middle	Lost	4. DATE Month	Doy Year
(Type or print) Margaret Glad	vs Ma	acKenzie	OF DEATH 9	14 19 67
		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED TO	DIVORCED	07 7 7/	lost birthdoy)	Months Doys Hours Min.
Oo. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSI		21 Jan. 19	te or foreign country)	12. CITIZEN OF WHAT
Housewife Not of working life, even if retired) Housewife	NEGO OK	,	to or foreign country)	COUNTRY? USA
		Idaho		Uan
13. FATHER'S NAME		14. MOTHER'S MAIDE		
Ralph J. Comstock		Margare	et G. Bassett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU	RITY NO. 17. 1	NFORMANT	Addres	S
(Yes, no, or unknown) (If yes give wor or dotes of service)	Fr	ancis R. Ma	acKenzie Same	As # 2
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), on				INTERVAL BETWEEN
DADY I DEATH WAS CAUSED DV.	. , ,			ONSET AND DEATH
IMMEDIATE CAUSE (6) Gun shot	wound of	head		
7/6 X DUE TO				
Conditions, if ony, which gove) (b)				
nse to immediate couse (a), stating the underlying couse DUE TO				
last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	IT NOT PELATED TO	THE TERMINAL DISEASE (ONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY
S CONTROL SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH OF	OF NOT KEENIED TO	THE TERMINAL DISEASE C	ONDITION OTTEN IN TAKE I(0)	PERFDRMED?
200. EXTERNAL CAUSE WAS PRIMARY DOC CONTRIBUTING C				YES NO X
20o. EXTERNAL CAUSE WAS PRIMARY □ CONTRIBUTING □	INJURY OCCURRED.	(Enter noture of injury i	n Port I or Port II of item 18.)	
CAUSE OF DEATH. Shot se	lf at hom	е		
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCU	RRED 20e. PLAC	CE OF INJURY (Home, fo		(County) (Stote)
Hour o.m. AM p.m. 9-14-1967 of work of w		ory, street, office bldg., e		2
		oom of hom		
21. I certify that I took charge of the remains des	4 -			iry 🔀, and in my opinion
deoth resulted fram: Natural coases , Acci	deyr), Suic	ide 🗶, Homicio	le, Undetermined mo	onner
ACTUAL ACTUAL	0	CHIEF MEDIC	AL EXAMINER	
SIGNATURE John	7	M.D. ASSISTANT M	EDICAL EXAMINER	22. DATE SIGNED
EXAMINER'S		DEPUTY MED	ICAL EXAMINER 🔀	
111111111111111111111111111111111111111	rdale, Md	Address (Stre	eet, city, town, or county)	9-15-67
23o. BURIAL CREMATION. / 23b. DATE THEREOF 23c. NAI	ME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tow	(County) (Stote)
PEMOVAL (Specify)	tain View	Cemetery	Pocatello,	, , , , ,
24. FUNERAL DIRECTOR Robert E. Wilhelm Fun			C'D RY PEGISTRAR 1 25h REC	SISTRAR'S SIGNATURE
	11011	DAISE	P 18 1967 40	Carles Judge
4308 Suitland Road Suitland Mar	yland	DATE		00

VR A15ME (5) 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12866

12875

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE 2, and 3 to PM3. Page and 3 ta Prince George's Maryland Prince George's MARYLAND delay e State Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest tawn) write RURAL and give nearest town) 4 days Cheverly Laurel IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS be farwarded to the Chief Medical Examiner's Office along with form in Item 18. Give Pages 12 Morris Drive Prince George General Hospital YES NO X 3. NAME OF Middle 4 DATE Manth Day Year DECEASED (Type or print) Maiden DEATH 19 67 Katherine Margaret. IF UNDER 1 YEAR 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 6 July 1918 Female White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 72 hours ofter executed within 24 Housewife
13. FATHER'S NAME burial-transit permit. File pages West Virginia USA 14. MOTHER'S MAIDEN NAME pencil Lilly Cain Emery Harden 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) pending event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (6) Pulmonary embolus ours certificate shauld be writing the word DUE TO Cerebral hemorrhage right external capsule 4 days any Conditions, if ony, which gove (b) From cerebral arteriosclerosis inknown rise to immediate couse (a). .5 DUE TO stoting the underlying couse D. pup SD be used ar remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PEREORMED? CERTIFICATION execute the certificate, YES X NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 3 should PRIMARY Or CONTRIBUTING Page 4 should MEDICAL EXAMINER: CAUSE OF DEATH. burial, crematian, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While Hour o.m. factory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page at work ot work 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection 🔀 Inquiry & ond in my opinion Accident funeral director. Suicide [death resulted fram: Natural causes Hamicide Undetermined manner CHIEE MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE pe DEPUTY MEDICAL EXAMINER Riverdale, Md. 9-28-67 Kehoe, M.D. Health John Address (Street, city, town, or county) NAME (Type) the 23d. LOCATION (City or Town) BURIAL CREMATION 23b. DATE THEREO (County) 0 2So. KEC'D BY REGISTRAR FUNERAL DIRFETOR VR A15ME (5)

6M 1/67

5 7 2 5 4 strong Jacquis

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12876

NO X

NO

(Stote)

(Stote)

Md.

Year

19

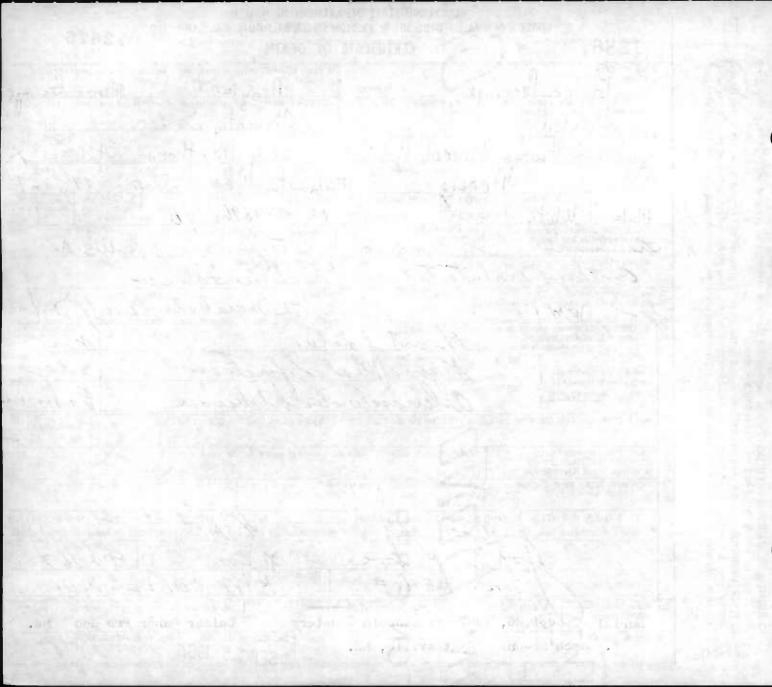
12867 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) MARYIAND b. CITY OR TOWN III outside corporate limits. C LENGTH DE STAY IN 16 write RURAL pnd give neorest town) popers. 2. d. NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS within 72 filled i NAME OF remove carbon DATE Middle Lost completely DECEASED (Type or print) DEATH S SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In year 7. MARRIED NEVER MARRIED lost birthdoy) WIDOWED DIVORCED pup 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) puo Trainman 13. FATHER'S NAME 14. MDIHER'S MAIDEN NAMI or removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 1B. CAUSE OF DEATH (Enter only one couse per line for (o)/(b), ond (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse director, page 3 should be detached for use os the 3hould be filed with the State Dept. of Health prior to hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) certificote 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS LINDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED (City or town) factory, street, office bldg., etc.) Hour o.m. Not While 21. I certify that (I) (this haspital) attended the deceased fram 19/903 ta FUNERAL DIRECTOR: saw the deceased alive an 22o. SIGNATURE DIRECTOR 22d. ADDRES 22c. PHYSICIAN'S EHOE NAME (Type) 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF REMOVAL (Specify) 26, 1967 Ft Lincoln Cemetery 2 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Gasch's Sons Hyattsville, Md.

b. COUNTY c. CITY DR TDWN (If autside corporate limits, write, RURAL and give nearest town) e IS RESIDENCE ON A FARM? Dov IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours 12. CITIZEN OF WHAT INTERVAL BETWEEN NSET AND DEATH WAS AUTOPSY PERFORMED? (County) that (I) (we) last 19 67, and that death accurred at 25 AM, fram causes and an the date stated above. 22b. DATE SIGNED 23d. LOCATION (City or Town) (County) Colmar Manor Pro Geo 2Sb. REGISTRAR'S SIGNATURE 25M 1/67

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth

Poge 4 may be retained by the hospital or attending

VR A15



12868. FOR STATEofter deoth. If any delay is 3. Give Pages 1, 2, and 3 to being with form PM3. Page

th the State Department of

and 2 wi Pflice of

Health prior to burial, cremation, or removol, and in ony event within 72 hours ofter death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DE

12877

						J. 38/111	•	3, 70, 17	
I. PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceased			fore admission)
o. COUNTY Prince	George's		MARYLA	ND	o. STATE Mary	rland	b. COUN	ince Ge	orge's
b. CITY OR TOWN	(If outside corporate limit	S,	c. LENGTH OF STAY IN	ìb	c. CITY OR TOWN (If				
Chever	and give nearest tawn)		DOA		Silv	er Hill	S		161
	PITAL OR INSTITUTION (If no	ot in hospitol, g			d. STREET ADDRESS				e. IS RESIDENO ON A FARM
Prince	George's G	eneral	Hospital		3326	Curtis	Drive		YES NO
3. NAME OF		rst	Middle		Lost	4. DATE	Mont	h D	ay Year
(Type or print)	Lou	ise	Ruth		Mangum	OF DEATH	9	2	7 1967
S. SEX	6. COLOR OR RACE		NEVER MARRIED		B. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YEAR	R IF UNDER 24
female	white	WIDOWED	DIVORCED	H	1-21-17		Jast birthdoy) 50 yrs.	Months Doy	s Hours A
	ON (Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (Ste			12. CITIZEN	OF WHAT
during most of working Housewi	ng <u>l</u> ife, even if retired)		DUSTRY					COUNTR	Υ?
13. FATHER'S NAME	rre				14. MOTHER'S MAIDE	ngton D.	U.		USA
	Violett				Bertha l				
	VER IN U.S. ARMED FORCES?	114 0	OCIAL SECURITY NO.	17 4	Dertna I	render	Addre	22	
(Yes, no, or unknown	(If yes give wor or dotes		OCIAL SECONIT NO.						
No				Wil	liam W. Me	angum	Same As		ANTONIA DEPLUE
	DEATH (Enter only one cou ATH WAS CAUSED BY:			1					NTERVAL BETWEE ONSET AND DEAT
252	- IMMEDIATE CAUSE		ration of g	ast	ric conter	17.5			
Conditions if an	DUE DUE								
rise to immedia	nto couse (n)		eptic seizu	ire					
stoting the und	derlying couse DUE								
lost.	,	(c)							
PART II. OTHER	SIGNIFICANT CONDITIONS O	ONTRIBUTING T	O DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE	CONDITION GIVEN	IN PART 1(o)	1	WAS AUTOPSY PERFORMED?
	cific aorti	c steno	sis						YES X NO
200. EXTERNAL	CAUSE WAS CONTRIBUTING	20b. DES	CRIBE HOW INJURY OCCU	JRRED.	Enter noture of injury	in Port I or Port I	1 of item 1B.)		
20c. TIME OF IN	JURY Month, Day, Yeor				E OF INJURY (Home, for		(City or town)	(County)	(Stat
W HOOF	p.m. 19	While of work	Not While of work	10010	ory, street, office bldg., e	erc.)			
21. 1 cert	ify that I took charge			ve, he	ld an Autapsy 🔽	, Inspection	T. Ingu	iry X, a	nd in my api
		ol cousses X	/		ide . Homici		letermined m		
		//	, 7/			AL EXAMINER			
SIGNATURE	11/2	to 1	Xen	0	A THATSISTANT A	MEDICAL EXAMINER			22. DATE SIG
EXAMINER'S	1	11	1	7	DEPUTY MED	DICAL EXAMINER	X		9-30-6
	John Kehoe M	D. Ri	verdale, Ma	arvl	and Address (Str	reet, city, town, or	county)		
23o. BURIAL, CREMAT	TION, / 26b. DATE TH	EREOF	23c. NAME OF CEMETE	RY OR	CREMATORY	23d. LOC/	ATION (City or To	wn) (Cour	nty) (Stote
Burial Speci	ify) (/ 10/2/	67	Balt. Nat	iona	al Cemeter	y Balt	imore.	Maryland	1
	TORRobert E.				2So. R	EC'D BY REGISTRA	R 25b RE	GISTRAR'S SIGNA	
4308 Suit	land Road,	Suitlar	d. Marylan	d	DATO	CT 6 1	967 /	liarles	Judge
			2 7	and a	United		1 11	4	

This certificate should be executed within 24 hours ofter death. If necessary, please execute the certificate, writing the word "pending" in pencil in Item-18. the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages TO DEPUTY MEDICAL EXAMINER: 5 moy be retoined for your files.

VR A15ME 6M 1/67

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any delay is

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages Health priar ta burial, crematian, or remaval, and in any event within 72 hours a

This certificate shauld be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

12869

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-0	0	0	400	0
	2	O	1	8

218000	MEDICAL EXAMINER 3	CERTIFICATE C	IF DEATH	3.000
1. PLACE OF DEATH			Where deceased lived, if institu	tion: Residence before odmission)
Prince George's	MARYLAND	Maryland	Pri	nce George's
b. CITY OR TOWN (If outside corparate limits,	c. LENGTH OF STAY IN 16	-	utside corporote limits, write RU	JRAL ond give neorest town)
write RURAL and give nearest town) Beltsville	18 days	Greenbelt	ž.	16,1
d. NAME OF HOSPITAL OR INSTITUTION (If not in h	nospitol, give street oddress)	d. STREET ADDRESS		e IŠ REŠIDENCE ON A FARM?
wooded area off Kenily	forth Ave.	l*B Resea	rch Road	YES NO
3. NAME OF First DECEASED	Middle	Lost	4 DATE Mor	oth Ooy Year
(Type or print) Salvat	ore (SAM) A. Mar	chesoni	DEATH 9	21 11 01
S. SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Ooys Hours Min.
male white w	IOOWEO DIVORCED	6-7-32	35 yrs.	Months oots nous
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT COUNTRY?
ECONOMIST.	U.S BU. OF CENSUS	NEW	YORK	US.
13. FATHER'S NAME		14. MOTHER'S MAIOEN	NAME	
NICOLA MARCH	ESONI	JOSEPH/	WE PILI	4TO
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of serv	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	MARCHESON !	1855 SAME ASTER
YES KORBAN	080247350 P	AULINE B.	MARCHESON	
18. CAUSE OF DEATH (Enter only one couse pe	r line for (o), (b), ond (c).)			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Undetermined			ONSET AND OEATH
175, 2 OUE TO				
Conditions, if ony, which gove (b) (b)				
stoting the underlying couse OUE TO				
last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF OFATH	BUTING TO OEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
20g. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Part I or Port II of item 1B.)	
2Dc. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19		CE OF INJURY (Home, farm ory, street, office bldg., etc.		(County) (State)
21. I certify that I took charge af	the remains described above, he	ld an Autopsy	Inspection X, Inq	uiry X, ond in my opinio
death resulted fram: Natural ca	uses . Accident Suic	ide . Hamicide		nanner X
	11/	CHIEF MEDICAL		
ACTUAL SIGNATURE	Kehre	M.D. ASSISTANT MED	DICAL EXAMINER	22. DATE SIGNE
EXAMINER'S		DEPUTY MEDIC	AL EXAMINER X	9-30-
NAME (Type) John Kehoe M.D.	Riverdale, Mary	LCITIC	t, city, town, or county)	
230. BURIAL, CREMATION, REMOVAL (Specify)	23c. NAME OF CEMETERY OR		23d. LOCATION (City or To	
BURIAL JOEP 27,1	967 NATIONAL MILITARY		11/1/1/11/1/201	
W.W. CHAMBERS	GO. RIVERDALE, A			Clarles Judge

VR A15ME (5) 6M 1/67

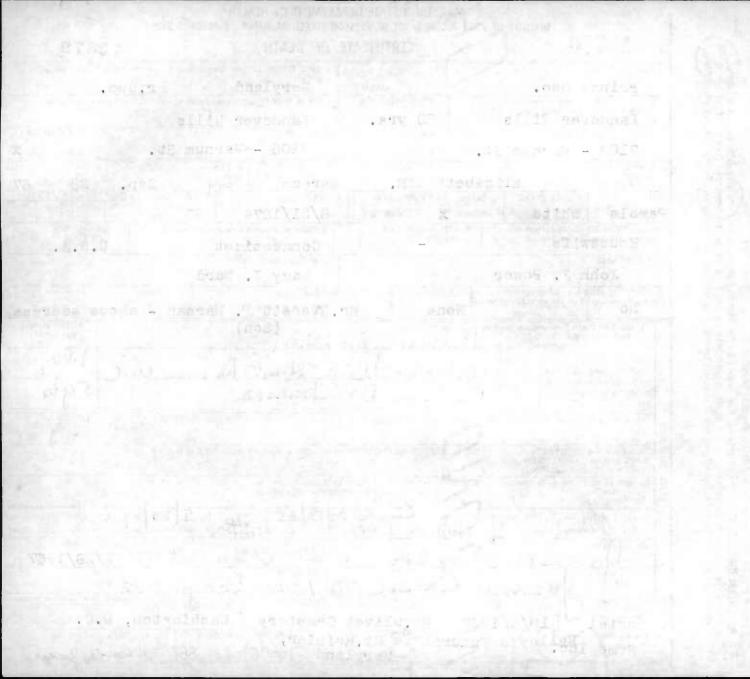
for the same of the same of the same of the same of THE WAY WENT TO SHOW THE PROPERTY OF THE PARTY OF THE PAR THE RESERVE OF THE PROPERTY OF Agranged hore. This type we saw if you allow take the interpretay has been With Chart Being the Name that a first to the total of the second

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	128	.0			CERTIFICAT	E O	F DEATH				1287	9	
(PLACE OF DEATH o. COUNTY Princ	e Geo.			MARYLAND		isual RESIDENCE (SJATE Maryla		b	nstitution: I		re odmis	sion)
	b. CITY DR TDWN (If outside carparate limit	s,	c. LE	NGTH DF STAY IN 16		ITY DR TDWN (If or					st town)	
		d give neorest town) ver Hills			o yrs.		Landov	er Hi	lls			6,1	
(AL OR INSTITUTION (If n		ol, give st	reet oddress)	d. 5	TREET ADDRESS						SIDENCE FARM?
	7106	- Varnum	St.				7106 -	Varn	ium S	t.		YES _	NO 🔀
	NAME OF DECEASED		izab	a+h	Middle	Ma	Lost	4. DATE OF		Month	Do	_	(ear
S.	(Type or print)	6. CDLOR OR RACE	7. MARRIE		M. NEVER MARRIED	-	rean TE DF BIRTH	DEATH	. AGE (In ye	Sep	UNDER 1 YEAR		9 67 ER 24 HRS.
	emale	White	WIDOWE		DIVORCED		/31/187		Jost birthd	oy) Mo	onths Doys	Hours	
		(Give kind of work done		100.00	BUSINESS OR		BIRTHPLACE (County			Yrs.	12. CITIZEN D	F WHAT	
	eight of Hanging		100.	INDUSTR			Connect		reight cooming,		COUNTRY	. A .	
13.	FATHER'S NAME					14.	MDTHER'S MAIDEN	NAME				1	
	Joh	n J. Powe	r				Mary J	. War	d				
IS.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	1	6. SOCIAL	SECURITY NO. 17	INFOR	MANT			Address			Jan J
(Ye	NO No (No white)	(If yes give wor or dotes	or service)	None	M	r.E	verett .	J. Ma	rean	- al	bove	addr	2033
		EATH (Enter only one co					(So				IN IN	TERVAL B	ETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) P	ulv	namon En	nh	11XIC				0	NSET AND	DEATH
	420	DUE		D-	X	^	. 1 0	2			1	Oa.	
	Conditions, if ony		(b) Cer	te	rio - Schon	selic	Near	- We	1000	Cei	16		r
	rise to immediat stating the unde lost.		10 Ce	w	live De	can	pensat	ian			5	yo.	
ATION	PART II. OTHER S	IGNIFICANT CONDITIONS	ONTRIBUTIN	G TO DEA	TH BUT NOT RELATED TO	THE TE	RMINAL DISEASE CO	NDITION GIVE	N IN PART 1	(0)	19	WAS AL PERFOR YES	
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20ь.	DESCRIBE	HOW INJURY OCCURRE). (Enter	noture of injury in	Port I or Por	t II of item	1B.)	174		
MEDICAL	20c. TIME OF INJ Hour 'a.	10	Wh	I. INJURY			INJURY (Home, formation of the formation		(City or to	wn)	(County)		(Stote)
	21. I certi	fy that (I) (this has	pital) atte	ended t	he deceased fram.	21	3 65,	19212 1	097	7/67	, 19, t	hat (I)	(we) los
		eceased alive an_	127	6	19, and th	at dec	ith accurred at	J DIM	1, fram ca				ed above
	220. SIGNATURE		21	_	0 0	1	TTENDING -	MED.	STAFF		22b. DATE SIG		
	10	unes a.	DI	ee	KK2_	M.D. F	HYS.	DIRECTOR	PHYS.		9/28	/19	67/
	22c. PHYSICIAN'S NAME (Type		G.	9.9	Leeff 1	لما	13,000	Hee	rgiu	ave			
230	BURIAL, CREMATI	ON, 23b. DATE TH	EREOF	230	. NAME OF CEMETERY C	R CREM	ATORY		CATION (City		(Coun	γ)	(Stote)
	REMOVAL (Specify Burial	10/2/	1967		Mt.Olivet				shing	, ,			
24	Home	Inc. ley'	s Fun	nera	l ADDRESS Mt.F Mary	lair	DATE OF	D BY REGISTI	1967	Sb. REGIST	RAR'S SIGNATI	JRE O	
					Mar A.	Last		II	.001	1	1	1	-

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deal Page 4 may be retained by the hospital or attending physicion.

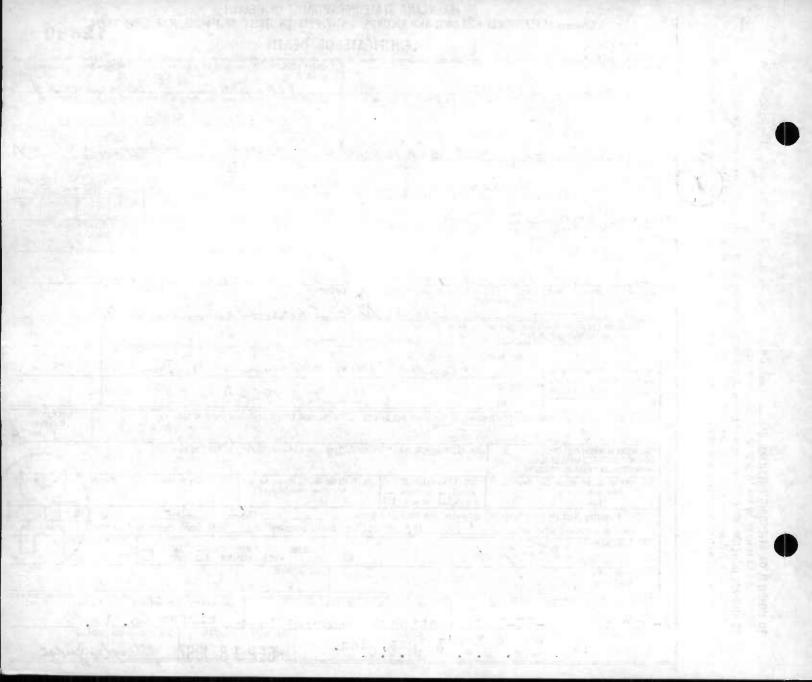
VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. STATE o. COUNTY MARYLAND MONTGOMERY b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ATTS UILLE MONTH filled in I e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NAME OF Middle DATE First Doy Year and campletely 3 DECEASED OF ici 1967 ent, (Type or print) DEATH SFX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED remave lost birthdoy) Months Dovs in any DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY signed by the attending physician burial-transit permit. Then please burial, crematian, or removal. and i HOME MAKED 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17. INFORMAN WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) be retained by the haspital or attending physician DUF TO Conditions, if ony, which gove rise to immediate couse (o) DUE TO ficate has been s for use as the b f Health priar ta b stoting the underlying couse ATTENDING PHYSICIAN: The law lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH State Dept. af detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While of work at work be 1962 to Jest 21. I certify that (1) (this haspital) attended the deceased from 196 . that (I) (we) last shauld and that death occurred at 10 10 A.M. from causes and on the date stated above Sept saw the deceased glive on_ 220. SIGNATURE DATE SIGNED **ATTENDING** ourc directar, page 3 shauld be filed v M.D. PHYS DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL Page 4 may NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION DATE THEREOF PEMOVAL (Specify) National Memorial Joseph Gawler's Sports ons isc. Ave. N.W. ash.D. C.Inc. 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

Wisc. Ave.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1. PLACE OF DEATH	CERTIFICATE	OF DEATH		12881
O. COUNTY PRINCE GEORGE		2. USUAL RESIDENCE (Wh	ere deceosed lived, if institution: Re	eince before odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town)	me, T 24 da	TEM	de corporate limits, write RURAL onc	\$ 16-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	G HOME	d. STREET ADDRESS	GUNTLAND RI	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MARINSHAU		B.	4. DATE Month OF DEATH SEPT	Doy Year 21 19 6 7
S. SEX 6. COLOR OR PACE 7. MAR WIDO	WED DIVORCED	8. DATE OF BIRTH 3-7-1882	last birthday) Mont	2 14
during most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S	SARY	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME UNKNOW	N		NOW N	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per liii	S	INFORMANT tephen A. Mar	Address Same	As # 2
PART I. DEATH WAS CAUSED BY: HMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove (b) rise to immediate cause (o), (b)	Hypertensine	Cardina	scular Draw	ONSET AND DEATH
stoting the underlying couse DUE 10 (c)	THE TO STATE OUT NOT STATE TO	THE TENNING PROPERTY COUNTY	TION OF THE ART 1/)	L10 WAS AUTODOV
stoting the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH	TING TO DEATH BUT NOT RELATED TO Ob. DESCRIBE HOW INJURY OCCURRED.			19. WAS AUTOPSY PERFORMED? YES NO
stoting the underlying couse DUE TO last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTIONS CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY MONTH, Doy, Yeor Hour o.m.	0b. DESCRIBE HOW INJURY OCCURRED.			
stoting the underlying couse DUE TO last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTIONS CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY MONTH, Doy, Yeor Hour o.m.	Db. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED 20e. PL While Not While for ot work for ittended the deceased fram	(Enter noture of injury in Po	rt I or Port II of item 18.) 20f. (City or town)	(County) (State)
stoting the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE 200. ACCIDENT WAS UNDERLYING CONTRIBUTE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 21. I certify that (I) (this haspital) or	Db. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED 20e. PL While Not While for ot work for ittended the deceased fram	(Enter noture of injury in Police OF INJURY (Home, form, tory, street, office bldg., etc.) ATTENDING MD D. PHYS. DI 22d. ADDRESS	20f. (City or town) 20f. (City or town) 7, ta 9/2/ M, fram causes and country ED. STAFF RECTOR PHYS. 22	(County) (State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please temave carbon papers. Pages 1 and should be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in say event, within 72 haurs after depth Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Staging M. Markashaw Stone Mark direct 9/25/67 Manurection Comptery | Cileton, Fri on Georges d. smon levery wiethelm surough nome bendy margined wood, Sufficient, Paryland

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12882

TE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	008
EPT.		PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Reside a. COUNTY 2. STATE 3. COUNTY	nce before admission)
the State Department of		Prince George MARYLAND Md Prince Geo	rge
		b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	re nearest tawn)
		Cheverly DOA Landover	16-1
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e IS RESIDENCE
. G	1		ON A FARM?
99		Prince George General Hospital 9108 Taylor St.,	1 0
	5.	NAME OF HIST MIGGIE LOST 4 DATE MONTH DEF	Day Year
		(Type or print) Bush Pershing Marston DEATH 9	23 19 67
	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED 13. Nov., 1918 48. Yrs.	Days Haurs Min.
	100	. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. C	ITIZÉN OF WHAT
	duri	ing most of working life, even if retired) INDUSTRY	OUNTRY?
	1	Salesman Woodward & Lothrop Lost City, West, Va.	USA
	1	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	B	enjamin Frank Marston Lottie Bowman	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	100
	(16	yes (If yes give war ar dates of service) Yes WW.11 Ars. Wanda V. Marston (Wife) Same	99 # 2.
	H	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).)	I INTERVAL BETWEEN
		PART I DEATH WAS CALISED BY-	ONSET AND DEATH
		IMMEDIATE CAUSE (0) Heart failure	Filtie
		Conditions, if any, which gave) Anterios cleratic heart, disease	over 2mos.
		rise to immediate cause (a)	Over Zillos.
		stating the underlying cause Due 10	
		last. (c)	
1	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	TIFIC	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B.)	
	CER.	PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	
	MEDICAL CERTIFICATION	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While of work Other work Not While of work Other work Other work Not While of work Other work Not While of work Other work Not While of work Other work Other work Not While of work Other work Not While of work Other work O	ounty) (State)
		21. I certify that I taak charge of the remains described obave, held an Autapsy , Inspection X, Inquiry X	and in my opinian
		death resulted fram: Natural Jouses 😡 / Kccident 🔼 , Suicid 🔲 , Hamicide 🔲 , Undetermined manner [
		ACTUAL CHIEF MEDICAL EXAMINER	22. DATE SIGNED
		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER [
		EXAMINER'S John Vohoo M.D. Risyandale DEPUTY MEDICAL EXAMINER	9-24-67
		NAME (Type) John Kehoe, M.D., Riverdale Address (Street, city, town, or county)	
	23c	3. BURIAL, CREMATION St. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
1		REMOVAL (Specify) Burial Sept. 27-1967 Washington National Cemetery Suitland	Meruland
-	26		SIGNATURE
1	S	The state of the state of Wash DC MASTER 26 1967 Clian	Les Judges

par so to first the book of the control of the cont Company of the state of the sta and frames, who are the The state of the s Part of the second of the seco

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PLACE OF DEATH

a COUNTY

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12883

FOR STATE HEALTH DEPT. Por delay the State Departme 2, and PM3. plong with form 24 hours ofter death 00 Office e, writing the word "pending" in pencil i forworded to the Chief Medicol Exomine executed within permit. File buriol-tronsit certificate should be the word 0 SO be used the certificote, shauld be 3 should CAL EXAMINER: for your Poge

Maryland Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits. r. IENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly College Park DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADORESS Prince George's General Hospital 5202 Paducah Street 3. NAME OF Middle 4. DATE Month DECEASED Mc Kiver (Type or print) Harry George DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7 MARRIEO NEVER MARRIED lost birthdov) deoth. WIDOWED OLVORCED 3-4-94 white male 10o. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) after Ohio Cov. Printing Office 14 MOTHER'S MAIDEN NAME hours 16. SOCIAL SECURITY NO. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) within Cecelia McKiver #2 above 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), event PART I. DEATH WAS CAUSED BY: Heart Failure IMMEDIATE CAUSE (o) OUF TO any Conditions, if ony, which gove Arteriosclerotic Heart Disease rise to immediate couse (a). .5 DUE TO stoting the underlying couse last. remayol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY CONTRIBUTING C 0 CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge of work ot work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection X Inquiry X Natural causes X / Accident death resulted fram: Suicide funeral director. Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Health NAME (Type John Wehoe M.D., Riverdale, Maryland Address (Street, city, town, or county) 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OF CREMANOR 23d. LOCATION (City or Town) REMOVAL (Specify) 50 Burial / 24. FUNERAL DIRECTOR Bladensburg, Maryland
REGISTRAR 25b. REGISTRAR'S SIGNATURE 250. RECID BY REGISTRAR SEP 2 6 Jas. T. Ryan, Inc. Augu, VR ATSME S 6M 1/6

Prince George's

Dov

12. CITIZEN OF WHAT

COUNTRY?

(County)

IF UNOER 1 YEAR

Months

e. IS RESIDENCE

ON A FARM? YES NO X

Year

19 67

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

and in my opinian

22. DATE SIGNED

NO X

(Stote)

2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)

the same of the sales of the sales of the state of the s the wall become a first to the Managarita, was in no at 1

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH tery filled in by the funeral son papers. Pages 1 and 2 within 72 hours after death. death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after Prince Georges MARYLAND Virginia Fairfax
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Greenbelt Falls Church d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 24 Greenbelt Convalescent Center 2842 Meadow Lane completely executed within 3. NAME OF First DATE Month DECEASED OF in and complete remove carb Minnie V. McLaughlin (Type or print) DEATH Sept. 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 9. 7. MARRIED NEVER MARRIED last birthday) | Months | Days White WIDOWED X DIVORCED [Female 76 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY nding physician a Then please re removal, and in 11. BIRTHPLACE (County & State, or foreign country) Housewife
13. FATHER'S NAME At Home certificate Washington MOTHER'S MAIDEN NAME Joseph Fitzgerald

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) (Ifyes give war or dates of service) Mary Fellon transit permit. 17. INFORMANT 16. SOCIAL SECURITY NO. Address death Mrs. Helen M. Cherry 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the has been signed by the as the burial-transit harior to burial, crema PART I. DEATH WAS CAUSED BY: ORONARY OCCLUSION or attending physician. IMMEDIATE CAUSE (a) DUE TO OFN. ARTERIOSCLEROSUS Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate h director, page 3 should be detached for use should be filed with the State Dept. of Health 1 CEREBROVASCULAR ACCIDENT by the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While 19 at work at work retained 8. 9.30 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 1:207M, from the causes and on the date stated above. saw the deceased-alive on 22a. SIGNATURE 22b. pe ATTENDING PHYS. STAFF PHYS M.D. DIRECTOR TO HOSPITAL (Page 4 may | 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Carl Houmann. Queensbury Rd. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23b. Suitland Burial edar Hill emetery 24. FUNERAL DIRECTOR

Wm/ Lees Sons, Washington, D. C.

Fairfax

YES

12. CITIZEN OF WHAT

Same As

19.

DATE SIGNED

30.

Marvland

REGISTRAR'S SIGNATURE

Riverdale Mc

(County)

25a. REC'D BY REGISTRAR | 25b.

196

e. IS RESIDENCE

ON A FARM?

Year

INTERVAL BETWEEN

ONSET AND DEATH

HOURS

NKNOWN

WAS AUTOPSY

PERFORMED?

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(State)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #3 Film #0393 10/2/67 ph CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) g. COUNTY a STATE b. COUNTY should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page The State Department of Prince George 1s
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Prince George's Maryland delay c. CITY OR TOWN (If autside carparate limits, write RURAL and give negres) town) LENGTH OF STAY IN 1b. Hvattsville Bowie d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 4503 Emerson St. 24 hours after death. 3 NAME OF Buren Last 4 DATE Month DECEASED OF Burns (Type or print) DEATH permit. File pages land2 with S SEX 9. AGE (In years 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH NEVER MARRIED last birthday) WIDOWED DIVORCED Male White 9-19-1896 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of warking life, even if retired) after Alabama Guard 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME executed within within 72 haurs Eula Gordon James H Meals .⊆ 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknawn) (If yes give war or dates of service) Hyattsville, Md. 418 05 8756 Charles D Meals 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit event PART I. DEATH WAS CAUSED BY pe IMMEDIATE CAUSE (a) Gun shot wound of head MEDICAL EXAMINER: This certificate should DUF TO any Canditions, if any, which gave rise to immediate cause (a). = DUE TO 0 stating the underlying cause pup the certificate, writing be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) removal. 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY IX or CONTRIBUTING OL CAUSE OF DEATH. Shot self with .410 gauge shot gun. crematian. 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) While at wark of While at wark may be retained far yaur FUNERAL DIRECTOR: Page 4503 Emerson St. Page / 10.1.5amp.m.

Health priar ta 50 VR A15ME (5) 6M 1/67

funeral directar.

Transportation Athens Sept 21. 24. FUNERAL DIRECTOR Hyattsville, Md. Gasch's Sons

Natural causes

NAME (Type) John Kehøe, M.D. Riverdale, Md.

death resulted fram:

ACTUAL

SIGNATURE

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Suicide X

23c. NAME OF CEMETERY OR CREMATORY

Hamicide

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

250. REC'D BY REGISTRAR SEP 2 5 -25b. REGISTRAR'S SIGNATURES

Undetermined manner

Hvattsville. Md. 21. certify that I taok charge of the remains described above, held an Autapsy , Inspection x, Inquiry x, and in my apinian

12885

IF UNDER 1 YEAR

12. CITIZEN OF WHAT

COUNTRY?

Months

e IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPS

PERFORMED? NO

(State)

Year

NO T

22. DATE SIGNED

Address (Street, city, tawn, or county)

23d. LOCATION (City or Town)

Alabama

Pageon as Art Land Statement

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Year

67

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(State)

12886 12877 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Prince George's o. STATE b. COUNTY MARYLAND Prince George's popers. Pages 1 in 72 hours after Maryland b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Cheverly Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? = filled 2506 Lake Avenue Prince George's General Hospital YES NO X Middle NAME OF 4. DATE DECEASED M. Marshall Miller Sept. 19 (Type or print) DEATH 200 IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years remove last birthdoy) Months 8/6/88 White Male DIVORCED WIDOWED puo 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) ond in during most of working life, Sen it retired)
Retired Salesman OilBusiness COUNTRY? A. physicion (Colorado 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removo Miriam Bowman Lyman Joseph Miller ottending permit. The Address See Item #2 IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service)
Yes 1918-1919 Ethel Catherine Miller 577-09-5300A/ Mrs. cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). the buriol-transit buriol, cremoti PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) py DUE TO signed Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse prior to hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use YES this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While 21. I certify that (1) (this hospital) attended the deceased fram be retoined and that death accurred at 12 Y) M, fram causes and FUNERAL DIRECTOR: an the date stated above saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE DIRECTOR PHYS. director, poge Should be filed TO HOSPITAL (Poge 4 moy b 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) Baltimore Nat'l Cem. Removal Baltimore 9-22-1967 0 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Inc. Wash. 2So. REC'D BY REGISTRAR VR A15 (4) Joseph Gawler's Charles Sons,

MATERIAL SECTION OF THE PROPERTY OF THE PROPER

DIVINE SE SE SENTE

May toril Frince George's Caneral Compited . . | 2506 Latu Avenue of the Manual Ma 88/8/8 32.00 retired belonger 100 commerced revites

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Pathologic fracture/ MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Med. Exam. notified/ release, 9/7/67 12878 CERTIFICATE OF DEATH death. puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Prince Georges MARYLAND b. (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Cheverly c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours 35 days Hvattsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS = OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 40005 Buchanon Street Prince Georges General Hospital NAME OF completely f Middle Lost 4. DATE DECEASED F. Viola Montagne (Type or print) DEATH S. SEX 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED 65 birthdoy) White WIDOWED DIVORCED 10/20/01 Female and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) and in during most of working life, even if retired) **INDUSTRY** HOUSEWIFE HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal DENNIS FITZPATRICK MARY K. DELANEY IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. 0 PHILLIP J. NONTAGNE 1B. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o þ DUE TO signed burial, Conditions, if ony, which gove buri rise to immediate couse (a), DUF TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH certificote for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. **DIRECTOR:** After 2]. I certify that (1) (this he spital) attended the deceased fram Nov. retained saw the deceased alive on Sent. 220. SIGNATURE DIRECTOR director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) Don B. Cameron, M. D.

23b. DATE THEREOF

8-9-67

23o. BURIAL CREMATION.

24. FUNERAL DIRECTOR

GASCH'S

REMOVAL (Specify)
Burial

USA Address Husband Same #2 INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? NOXXX (City or town) (County) (Stote) 19 65 to Sept. 7., 1967, that (1) (see) last 19.67, and that death accurred at 3.15pM, from causes and an the date stated above. 22b DATE SIGNED 3503 Perry St., Mt. Rainier, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) WASHINGTON, D. C MT. OLIVET 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Marley HYATTSVILLE, MARYLAND

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Doy

Doys

12. CITIZEN OF WHAT

COUNTRY?

IF UNDER I YEAR

Months

e. IS RESIDENCE ON A FARM?

YES NO

Year

1967

IF UNDER 24 HRS

Hours

Prince Georges

Month

Sept.

0 VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TATE		16063		MED	ICAL EXAM	INER'S	CERTIFICATE	OF DEATH		288	8		
DEPT.	1. PLACE OF DEATH o. COUNTY					USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE b. COUNTY							
State Department o		Prince George's MARYLAN b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1)					Maryland Prince George's						
		write RURAL and give negrest tawn)								give nearest	tawn)		
		Riverdale			DOA		College	Park, Md.			16-1		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					d. STREET ADDRESS				e. IS RESIDENCE			
19	7	aland Waman	ata 7 Hanna				0005 57-	+ Dlass		},	ON A FARM?		
	Leland Memorial Hospital 9725 51st. Place 3 NAME OF First Middle Lost 4 DATE N							Month					
	-	ECEASED	Elizi				F021	OF	Month	Day	Year		
		Type or print)	Josep		Patrick		Morano	DEATH	9	10	19 67		
	S. 5	EX 6. CO	LOR OR RACE	MARRIED	NEVER MARK	RIED	8. DATE OF BIRTH		(In years IE UN birthdoy) Mont	DER 1 YEAR	IF UNDER 24 HRS. Hours Min.		
	Ms	le W	nite	WIDOWED	DIVOR	CED -	1-8-1942	25	yrs.	IS DOYS	Hours Will.		
ı	10o.	USUAL OCCUPATION (Give I	kind of work done	e 10b. KIND OF BUSINESS OR			11. BIRTHPLACE (Stote or foreign country) 12. (CITIZEN OF	WHAT		
	during most of working life, even if retired) INDU				DUSTRY		West Virginia			UCOUNTRY?			
I	12	FATHER'S NAME	g plant Safeway			e							
	13.	Frank A Morano					14. MOTHER'S MAIDEN NAME Bernice L Brosky						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.					17.	INFORMANT Address						
1	(Ye	yes 1962	give wor or dates of s	ervice)	38 4415	Am	olia M Mor	ano Col	llere Parl	c. Md.			
1						23388	CIIU II NOI	uno co.	11080 - 41.		,		
		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:								RVAL BETWEEN ET AND DEATH			
			MMEDIATE CAUSE (a)										
	-	9 8 4 A DUE TO Perforating gun shot wound of chest Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse (b) DUE TO Perforating gun shot wound of chest											
-													
1	last. (c)												
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19	WAS AUTOPSY		
	NO	TOOL II. VIIILA SIGNICIANI CONDITIONS CONTRIBUTING TO DEATH DUT NOT RECORD TO THE TERMINAL DISEASE CONDITION OFFER IN PART 1(0)									WAS AUTOPSY PEREORMED?		
	MEDICAL CERTIFICATION	OO ONEDDIAL CALL		7						ΥE	S X NO		
	ZIIE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) PRIMARY OF CONTRIBUTING											
	E	CAUSE OF DEATH. Shot by policeman during altercation											
	S	20c. TIME OE INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OE INJURY (Home, form, 20f. (City or town) (County) (State)											
1	MED	Hour om	9-10- 19 6	While	Not While	To foc	tory, street, office bldg.	29 51st. I	יים די		0		
				/ of work	of work	hiru I	ront of 97	ZY JIST. 1					
1		21. I certify that I took charge of the remains described abave, held an Autopsy 🔀, Inspection 😿, Inquiry 🔀, and in my opinion											
		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner											
	CHIEF MEDICAL EXAMINER												
		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER								2	2. DATE SIGNED		
		ATT DE PROJECT CHARACTER SE											
1		RAMME (Type) John Kence, M.D. Riverdale, Md. Address (Street, city, town, or county)									9-11-67		
1	22	DUDIAL CREMATION	236. DATE THERE	• L) •	23c. NAME OF C	PIQ PIQ	CDEMATORY						
		BURIAL, CREMATION, REMOVAL (Specify)							N (City or Town)	(County)	(Stote) Md.		
			Sept 14,	1907	.1	oin C	emetery		Manor Pro				
1	24	EUNERAL DIRECTOR			ADDRESS	2		REC'D BY REGISTRAR	2Sb. REGISTRAI	S SIGNATUR	() and all		
1		r. Ga	asch's So	ns I	Hyattsvil	Te, M	a. DATE	SEP 14	1967 /	rance	Judges		

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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12889

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		MEDICAL EXAMINER 3	CENTILICATE OF	PLAIN	
	PLACE OF DEATH				: Residence before admission)
	Prince George's	MARYLAND	Marvland	Prince	George 's
ь	. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16		corparote limits, write RURAL	
	write RURAL and give nearest tawn)	DOA			16.1
	Cheverly I. NAME OF HOSPITAL OR INSTITUTION (If not in h	DOA	Beltsville d. STREET ADDRESS		e. IS RESIDENCE
ľ					ON A FARM?
	Prince George General		4906 Olympia		· YES NO X
	NAME OF First DECEASED	Middle	Lost 4.	DATE Manth	Day Year
(Type or print) Austin	T. Morr		DEATH 9	15 19 67
S. S	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min
N	Tale White WI	DOWED DIVORCED	4 April 1903	64 Yrs.	
10o.	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT
	ng most of working life, even if retired) Retired Clerk	U S P O	New York		COUNTRY?
	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Austin Morris	S	Margaret	Owens	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes	(If yes give wor or dotes of servi	^(e) 579 280 863 F	Evelyn L Morris	s Beltsvil	le, Md.
	yes W W 1 18. CAUSE OF DEATH (Enter only one couse per				I INTERVAL BETWEEN
	DAPT I DEATH WAS CAUSED BY.	(), (),			ONSET AND DEATH
		Heart failure			
	Conditions, if ony, which gove) DUE 10	Arteriosclerotic h	neart disease		over 2 yrs
	rise to immediate cause (a)				
	stoting the underlying couse DUE TO				11 1 2 W
	last. (c)				
N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			YES NO X
ZTE.	20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part	l ar Part II of item 1B.)	
	CAUSE OF DEATH.				
MEDICAL	20c. TIME OF INJURY Month, Doy, Year		ACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
ME	Haur a.m. p.m. 19	While Not While of work	tory, street, office bldg., etc.)		
	21. I certify that I taok charge of		eld an Autonsy [] Ir	spection 🕞 Inquiry	and in my opinior
	death resulted from Natural coo		cide , Hamicide	Undetermined man	all the
	dediti resolted from Motoral too	Accident , Son	CHIEF MEDICAL EXAM	_	illei 🔲
	ACTUAL HZH	1 chr	100,000,000		22. DATE SIGNED
	SIGNATURE	10000	M.D. ASSISTANT MEDICAL DEPUTY MEDICAL EX		
	NAME (Type) John Kehoe, M.D.	Riverdale, Md		-	9-15-67
230.	BURIAL, CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town	
	Burial Sept 19,	1967 Baltimore Na	ational	Baltimore,	Md.
24	CHAICDAL DIDEGROD	ADDRECC	JE- DEC'D DV	DECISTRAD TOL DECIS	TRADIC CICMATINE

Hyattsville, Md.

1967

in pencil in Item 18. Give Pages 1 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If necessary, please execute the certificate, writing the word "pending"

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

TO FUNERAL DIRECTOR: Page 3 shauld be used as a buriol-transit permit. File pages land 2 with Health prior to buriol, cremation, or removal, and in ony event within 72 hours after death

VR A15ME (5)

F. Gasch's Sons

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		DIVISION OF V	TIAL RECORDS, SOT W. TRES	TON STREET, DALTIMON	L, MARILAND 21201	12890
	1288	31	CERTIFICA	TE OF DEATH	TO RETURN	12030
	1. PLACE OF DEATH a. COUNTY	n. Gon.	MARYLAND	2. USUAL RESIDENCE (WH	nere deceased lived, if institution: R	tesidence befare admission)
	b. CITY OR TOWN write RURAL o	(If outside carporote limits, nd give negrest tawn)	c. LENGTH OF STAY IN 16		ide carparote limits, write RURAL a	nd give nearest tawn)
5	d. NAME OF HOSP	ITAL OR INSTITUTION (If not in h	aspital, give street address) AND HOSP, CEN	d. STREET ADDRESS	Horseslive	e. IS RESIDENCE ON A FARM? YES NO Z
	3. NAME OF DECEASED (Type or print)	First DAIS	Middle 3		4. DATE Month OF DEATH	Doy Year
	S. SEX		ARRIED NEVER MARRIED DOWED DIVORCED	B. PATE OF BIRTH 4 3-8/8 4	9. AGE (Intryeors IF I	UNDER I YEAR IF UNDER 24 HRS. Inths Days Hours Min.
	during most of working	ON (Give kind of work dane ag life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Page Co	State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1		amin Frank	ling States	14. MOTHER'S MAIDEN NA	Stryckle	atherine Hetts
	15. WAS DECEASED F (Yes, na, ar unknown	VER IN U.S. ARMED FORCES? (If yes give war ar dates af servi	(ce) 16. SOCIÁL SECURITY NO. 1	7. INFORMANT Laves	ie Libe	erh
		DEATH (Enter only one cause per ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	line far (a), (b), and (c).) RESPIRA	TORY ARD	REST	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if or rise to immedi- stating the una last.	ny, which gave at a cause (a), (b) \(\sum_{\text{DUF TO}} \)		EBROVASE VI ARTERIO DEL ES		PHABE THRS
2	PART II. OTHER	SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED T	TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
9	20a. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING G ZERUSEOF DEATH YMEDICALEXAMINER	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Po	art I ar Part II af item 1B.)	
	20c. TIME OF IN	MURY Month, Day, Year	20d. Marine OCCURRED 20e. While at wark 4 di work 1	PLACE OF INJURY (Home, farm, factory, steet, affice bldg., etc.)	20f. (City or town)	(County) (State)
			attended the deceased fram		57 ta Porces comments and	an the date stated abave
	220. SIGNATUR	ullun,	Leavery	111101	STAFF PHYS.	9/11/67
	22c. PHYSICIAN NAME (Typ	1e) ARTHUR	SHAVER 7	P. M.D. 88	8 BRANCH AV	E, CLINTON,
	23a. BURIAL, CREMA	9-14-1867		In Cemetery	23d. LOCATION (City or Town) Bladensburg	(County) (Stafe) Maryland
-	24. FUNERAL DIRECT		lhelm FuMeral Hotland Maryland	DATS F.P.		RAR'S SIGNATURE

1967

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 po Page 4 may be retained by the haspital ar attending physician. Pages 1 and 2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 50 the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, or remayal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12882

CERTIFICATE OF DEATH

12891

ond			LACE OF DEATH COUNTY	GEORG	22	o. STATE	ESIDENCE (Where	deceosed lived, if institu b. COU		efore edmission)
the fu			CITY OR TOWN (If outside corporal write RURAL and give pearest tax	e limits.	C. LENGTH OF STAY IN	b c. CITY OR 1		corporate limits, write RU		arest town)
9			NAME OF HOSPITAL OR INSTITUTION	V	26 day	d. STREET A		MARLIS	ORD	I e. IS RESIDENCE
filled in	20	-	NEVIEW BARD		TH CHRE_	950.	3 NOTTI	INGHAM .	DR.	ON A FARM? YES NO
- c/E	T		IAME OF DECEASED Type or print)	First	CEMMOTE EDIED	NEW		DATE SIF K	th	Doy Year
completely ove corbon		S.			AND HEVER MARRIED	B. DATE OF BI	IRTH	9. AGE (In yeors	IF UNDER 1 YEA	
nd com		10-	USUAL OCCUPATION (Give kind of wor	WIDOWED [DIVORCED		30 1883	84 yrs.		
0 - 5		duri	ng most of working life, even if retired		ID OF BUSINESS OR PUSTRY			e, or foreign country) COUNTY M	D COUNT	of WHAT
in pl	-	13.	FATHER'S NAME John Nel	son			e's maiden name	uy		
attending permit. The		15. (Ye	WAS DECEASED EVER IN U.S. ARMED FO , no, or unknown) (If yes give wor or	RCES? 16. Si dotes of service)	OCIAL SECURITY NO.	17. INFORMANT Dorothy	Sulliva	n 9503 Not		Dr
⊕			IB. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	ne couse per line for (o), (b), ond (c).)	R FIBR	PILLAT	IDN, ACO	TE	INTERVAL BETWEEN ONSET AND DEATH
ed by the			4201 IMMEDIATE	DUE TO SAL				PROTION		1 HALLA
signed burial-	2		Conditions, if ony, which gove rise to immediate couse (o),	DUE TO					4.	1 110012
s been os the			stoting the underlying couse lost.	(c) ART	RIDSCLER	failux	o hoale	a tupere	tion 5	YRS,
e ho		IFICATION	PART II. OTHER SIGNIFICANT CONDIT		PCINOMA	w .	01.9	N GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES NO Z
ficot for for f Her	5	CERT	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING DESCRIPTIONS OF DEAT.	20h DES	CRIBE HOW INJURY OCCU					
r this certification		MEDICAL	20c. TIME OF INHIRY Month, Doy,	Year 20d. IN	LIPY OCCURRED 2	foctory, sylest, offi	(Home, form,	20f. (City or town)	520 (County)	(Stote)
S: Afte			21. I certify that (1) (this sow the deceased alive	hospital) attend	ed the deceased fro	that dead acc	, 196	7 to Pre	and an the	that (I) (we) las
shou			220. SIGNATURE			ATTENDIN	IG - MED	_ STAFF _	22b. DATE S	
DIRI DIRI DIRI DIRI DIRI DIRI DIRI DIRI			22c. PHYSICIAN'S	Suc	wes	M.D. PHYS.	DIREC		7/6	161
FUNERAL FUNERAL	3 /		NAME (Type) SARTH	FUR SHA	WER TH	4D 880	OS BRAI	NCH AVE,	ChIN	עות מסני
O FUNER director,	1	230	DCMOVAL (Cnasifu)	-1967	23c. NAME OF CEMETE Cedar Hil			3d. LOCATION (City or To Suitland	,	unty) (Stote)
P-	MI	24	FUNERAL DIRECTOR Obert E	. Wilhelm			2So. REC'D BY R	REGISTRAR 2Sb. R	EGISTRAR'S SIGNA	ATURE
/R A15 (4) 25M 1/67		4:	308 Suitland Rd	Suitland	Maryland		DATE SEP	1 1 1987	ocharle	2 Judges

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician

LILLIAN FORD WELSON SEPT. SE THE CONTRACT STATES OF MENT DE L'ANDERS VARY E. DAY THE THE THE THE THE THE PARTY OF A CUE. TO SHADE and the same of the same of the same Lett 1 -9-19:37 Cady Lill Con Cary Colorada Selection of the state of the selection of the selection

16	300		CERTIFIC/	ATE OF D	EATH			12823	5
1. PLACE OF E				2. USUAL o. STAT		here deceased lived,	f institution: Resid b. COUNTY	ence before odmis	sion)
I	PRINCE GEORGES		MARYLANI	M.	ARYLANI		E GEORGE		
b. CITY OR	TOWN (If outside corporate limit: RAL and give nearest tawn)	s, c. Ll	ENGTH OF STAY IN 16	c. CITY OR	TOWN (If out	side corparate limits,	write RURAL and g	ive nearest tawn)	
(HEVERLY	TO A BA		T	EMPLE F	HILLS		16	/
d. NAME OF	HOSPITAL OR INSTITUTION (If no	at in hospital, give st	reet address)	d. STREET				e. IS RE ON A	SIDENCE FARM?
PRINC	E GEORGES GENI	ERAL HOSP	ITAL	5218	JANICE	ELANE		YES	NO X
3. NAME OF DECEASED (Type or pri	alle tec	rst R. A	VIAZEN	E996	R	4. DATE OF DEATH Se	Month	36	Year 967
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF	BIRTH	9. AGE (In last bir			DER 24 HRS.
MALE	WHITE	WIDOWED	DIVORCED	DEC.	21,192	22 44	γrs.		s Min.
	UPATION (Give kind of work done		BUSINESS OR	11. BIRTHI	PLACE (County 8	State, or fareign coun		CITIZEN OF WHAT	
CHE	vorking life, even if retired)	US"GO	VERNMENT	MIC	HIGAN			USA	
13. FATHER'S N	NAME			I4. MOTH	IER'S MAIDEN N	AME			
	CHRIST NIFFENE	GER		E	MLY A.	BLANK			
15. WAS DECEA	SED EVER IN U.S. ARMED FORCES?	16. SOCIAL	L SECURITY NO.	17. INFORMANT			Address		
NO ar unk	nown) (If yes give wor or dates o	it service)	2,125	ALICE K	NIFFE	ENEGGER	SAME AS	2	
	E OF DEATH (Enter only one cou I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(0) CORON	VARY T	HRomi				INTERVAL B	
rise to im-	if any subish and a	(b) ARTE	RIO SELE	ROTIC	· 42	ART DI	SEASE	YEA	as_
lost.	,	(c)						Tio was at	ITORY
PART II. 0	THER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEA	TH BUT NOT RELATED	TO THE TERMINA	.L DISEASE CONE	DITION GIVEN IN PAR	I(a)	19. WAS AL PERFOR YES	RMED?
OR CONTRI	ENT WAS UNDERLYING ☐ BUTING ☐ CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter nature	e of injury in P	art I or Port II of iter	n 1B.)		
20c. TIME	OF INJURY Month, Day, Year laur a.m. p.m. 19	2Dd. INJURY While of wark	OCCURRED 2De Not While at work	PLACE OF INJURY factory, street, af		2Df. (City or	tawn) (0	County)	(Stote)
woz	certify that (I) (this has	pital) attended t		thot deoth o	, ' '	7	causes and on	the date state	1
22a. SIGN	Opersus C	reson	7	M.D. PHYS.	DK)	MED. STA	FF C	DATE SIGNED	
22c. PHYS	SICIAN'S HERBER	T wish	otsky	22d. A	ADDRESS (DREY (4. 0x0.	n this.	Md.
23a. BURIAL, CI	REMATION, 23b. DATE TH	EREOF 23c	. NAME OF CEMETERY	OR CREMATORY		23d. LOCATION (C	ity ar Tawn)	(County)	(State)
BURYA	(Specify) 10/3/6	57	CEDAR HILI	CEMETE	RY	SUITLAND	. PRINCE	GEORGES	S. Md.
24. FUNERAL	DIRECTOR Robert E.	Wilhelm F	Funeral Ho	ome	250. REC'D	BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	
	Suitland Road,				DATE	6 1967	yoursel	es Judge	ico .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please retraver cardan papers. Pages 1 and 3 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after dearth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. VR A15 25M 1/

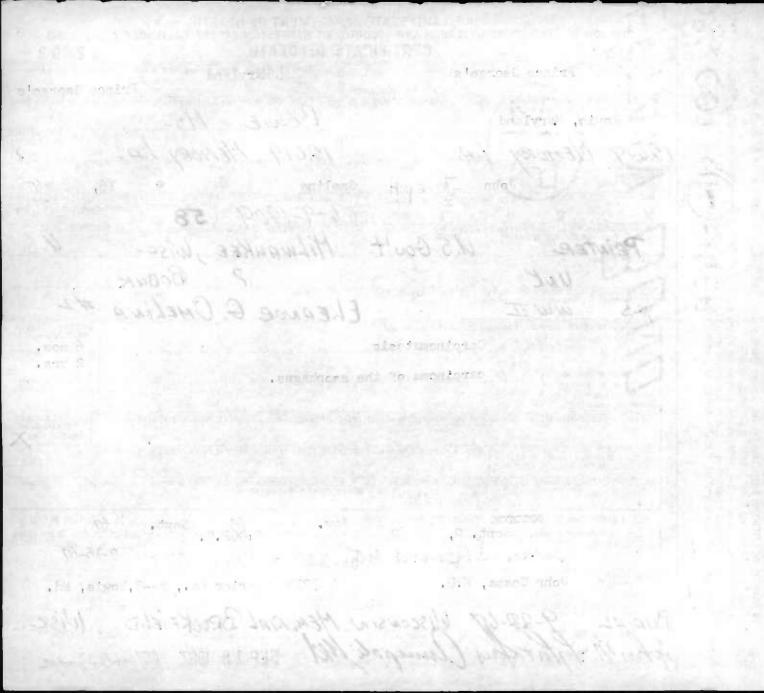
(601 of) They Reido and Teller. The real property of the second onto the state of

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carron papers. Pages It and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any exact, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	14004			CERTIFICAT	L OF DEATE			12033
1.	PLACE DF DEAT	Prince G	eorge's		2. USUAL RESIDEN	CE (Where deceased live	d, If Institution: Re	esidence before admission)
	4. 0001111		0-2	MARYLAND	a. STATE	1 9 14114		e George's
	b. CITY DR TOW	N (If outside corpora	ate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside corporate lin		and give nearest town)
	Write RURAL	and give nearest to ie. Marvla:	wn)		Ramil	e Ma		16-1
				pital, give street address)	d. STREET ADDRESS	/10		e. IS RESIDENCE
1	21.10	MEMARY	1/1	p. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	101.19	MEXICO	10	ON A FARM?
3.	NAME OF	/ (C/10/0)	Irst	Middle	Last	14. DATE	Month	YES NO Year
	(Type or print)		John 7		melina	OF DEATH	9 16	
5.	SEX	6. CDLOR OR RACE			8. DATE OF BIRTH	9. AGE (In	years IF UNDER I	1 YEAR IF UNDER 24 HRS.
	M	W	WIDOWED [DIVORCED	6-9-190	9 Sast bir	vrs. Months	Days Hours Min.
		IDN (Give kind of working life, even if retire		D OF BUSINESS OR	11. BIRTHPLACE (C	County & State, or foreign	country) 12. Cl	TIZEN OF WHAT
uu	PRIN	ER	J. J.	USTRY +	Milway	KEE. W.	50.	DUNTRY? 4.5.
13	. FATHER'S NAM	E		7 0 00 1 -	14. MOTHER'S MAIL	DEN NAME		
		UNE				2 0	OBUK	
I.	. WAS DECEASED	EVER IN U.S. ARMED F	ORCES? 16. SC	CIALSECURITYNO. 17.	INFORMANT	00	Address	11-
	YF-5	WW II	m controlly	F	LEDNOP	G. OME	LINA	#2
	18. CAUSE OF	DEATH [Enter only or	ne cause per line	e for (a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Carci	nomatosis				6 mos
	150x	DUE	(4)					2 yrs.
	Conditions, If			noma of the	e conhe mi c			L yrs.
	gave rise to		E 10	OZ OHE	esopnagus.			
	cause (a), si underlying caus	ating the	(c)					
CERTIFICATION				NG TD DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED? YES NO
TIE.	20a, ACCIDENT	WAS UNDERLYING TO NG CAUSE OF DEA	20b. DES	SCRIBE HOW INJURY OCC	URRED. (Enter nature o	f injury in Part i or P	art II of Item 18.)	
CE	(IF EITHER, NO	TIFY MEDICAL EXAM	NER)					
CAL		NJURY Month, Day,	Year 20d. INJ		ACE DF INJURY (Home, fa		own) (Cour	nty) (State)
MEDICAL	Hour a.r		While at work	Not While at work	ory, street, office bldg., e	:(c.)		
	21. I certif	y that (I) (this chos	plod) attended	the deceased from]	Vov. , 1	9-65, to Sen	, 19 4	that (i) (we) last
	saw the dec	ceased alive ont		19_67_, and tha	t death occurred ato	Myom the		
	22a. SIGNATUI	John John	e Cos	mante	ATTENDING DEL	MED. STAF	F - 22b.9 DA	TE SIGNED
	22c. PHYSICIA	N'S John Co	ama M D		1 22d. ADDRESS			
	NAME (T)	pe) JOHN CO	sma, M.D	•	3233 Sup	erior La.,	B3, Bow!	ie, Md.
23:	BURIAL, CREM	ATION, 23b, DATE	THEREDF	23c, NAME DE CEMETER	Y OR CREMATORY	234. LOCATION	(City, town or coul	nty) (State)
C	URIAL	17-db	1-6/	ULSCONSIN	MEMORIA	4 WROOKF	IELD	WISC.
24	. FUNERAL DIRE	CTOR	1. 1	ADDRESS	1111		25b. REGISTRAR'S	S SIGNATURE
1	onni!	7/01/11 7X	Kara 1	Issues ou	DAREI	0 1 0 4007	001. 1	0

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL, RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12885 12894 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE o. COUNTY District of Columbia Prince George MARYLAND c. CITY DR TOWN (If autside corporate limits, write RURAL and give nearest town) CITY OR TDWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH DF STAY IN 1b Two days Washington Hyattsville d. NAME OF HOSPITAL DR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 3636 - 16th St., N.W. Sacred Heart Home, 5805 Queens Chapel Rd YES 3. NAME OF Middle last 4. DATE Day DECEASED /.V. V. Elizabeth O'Reilly 28 September (Type or print) DEATH IF UNDER 1 YEAR 9. AGE (In years JE UNDER 24 HRS S. SEX 6. CDLDR DR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days Sept. 25, 1890 Female WIDOWED White DIVORCED

during most of working life, even if retired) United States INOUSTRY Bethlehem, Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Quinn Thomas O'Reilly 1S. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service Sacred Heart Home, Hyattsville, Maryland unknown INTERVAL CAUSE OF DEATH (Enter only one cause per ling tby (a), (b), and (c). ONSEL AND DEATH PART I. OFATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause last.

11. BIRTHPLACE (County & State, or foreign country)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH

10b. KINO OF BUSINESS OR

(IF EITHER, NOTIFY MEDICAL EXAMINER)

Hour am factory, street, affice bldg., etc.) Not While at wark at wark

20d. INJURY OCCURRED

21. I certify that (1) (this haspital) attended the deceased fram and that death accurred at A. M., fram rausis and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE

20e. PLACE OF INJURY (Home, form,

PHYS. M.O. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN NAME (Type) ROBERT C. HAILE 35 NEW YORK AVENUE.

23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) 9-30-67 WASHINGTON. OLIVET

MIT CEMETERY REC'D BY REGISTRAR 24. FUNERAL DIRECTOR * 3821 14TH. ST. N.W. DADCT

1967

(City or town)

NO EX

Year

WAS AUTOPSY PERFORMED?

(County)

NO

(Stote)

(Stote)

n. C.

12. CITIZEN OF WHAT

19 67

VR A15 (4) 20 M 1/66

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

O HOSPITAL OR

TO FUNERAL DIRECTOR: After this certificate

filled in by the funeral papers. Pages T and

a camplenely i Ban ¥.

and

attending physician sermit. Then please

signed by the attending physi burial-transit permit. Then p burial, crematian, ar remaval,

prior to as the has been

ed far use of Health

detached

State Dept.

directar, page 3 should shauld be filed with the

haurs

event

and in a

10a. USUAL DCCUPATION (Give kind of work done

20c. TIME OF INJURY Month, Day, Year

Carper Part To 19, 5 15 media above 16. 5559 - 15th St., C. 1 Company of the second s setricism, Jeneralande, Wilderstein The 1823 I was a desire bear , traversizes, STAGE OF STREET SE MOR YOR AVENUE, I. V. S-30-67 AT OLIVE CAMPHER AL MASHIAVED. PARCIE S. COSTINE SERI 1494. ST. H

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is

'pending"

necessary, please execute the certificate, writing the ward

A 15ME (5)

Health prior to burial, cremation, or removal, and in any event within 72 hours Offer death 5 may be retained for your files.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Land 2

in pencil in Item 18. Give Pages 1, 2, and 3 to

with the State Department of

	MEDIC	WE EVALUATIVE 3	CENTILICATE C	DEATH			
1.	PLACE OF DEATH			Where deceased lived, if instit		befare admissi	ion)
	a. COUNTY	MARYLAND	Maryland	Prince	George	1e	
-	Prince George's	LENGTH OF STAY IN 1b		utside carparate limits, write R			
	b. CTTY DR TOWN (If autside carparate limits, write RURAL and give nearest tawn)					11	
-	Cheverly	DOA	Suitland d STREET ADDRESS			e. IS RESI	DENCE
	d. NAME OF HOSPITAL DR INSTITUTION (If nat in haspital, give	street address)	d. SIKEEL ADDRESS			ONA	ARM?
	Prince George General Hospi	tal	5100 Lubbe	ock St.		YES	NO X
3.	NAME OF First	Middle	Last	4 DATE Mo	inth	Day Ye	ear
	OFCEASED (Type or print) Henry Cli:	fford C	rfield	DEATH		18 19	67
S.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months 1	YEAR IF UNDE Days Hours	R 24 HRS.
	Male White WIDOWED	DIVORCED [9-24-1911	55 yrs.	MORITIS	Duys Hours	MIII.
10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND	OF BUSINESS OR	11. BIRTHPLACE (State		12. CITI	ZEN OF WHAT	
dı	ring most of working life, even if retired) Fireman Rai	liroad	Tennessee		USA	NTRY?	
-	3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
	? Orfield		Cora M	histo			
1	WAS DESTACED OFFI IN HE ADMED CODESCO.	TAL SECURITY NO. 17.	INFORMANT		dress		
((16. SDC response of the control of			14 Com An	1 0		
			ry L. Orfie	ld Same As	# Z	(AUXEDICAL DE	TMEEN
	18. CAUSE OF DEATH (Enter only one cause per line for (o) PART I. DEATH WAS CAUSED BY:					ONSET AND	
	IMMEDIATE CAUSE (o) Heart					ninutes	
	TY3 A DUE TO Hyper	tensive cardi	o vascular	disease		over 6	mo.
1	Conditions, if any, which gove (b)						
	stating the underlying cause DUE TO						
	last. (c)						
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TD	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)		19. WAS AUT PERFORM	
100						YES 🗌	NO X
CERTIFICATION	20g. EXTERNAL CAUSE WAS 20b. DESCR	IBE HOW INJURY DCCURRED.	(Enter nature of injury in	Part I ar Part II of item 18.)			
FPT	PRIMARY or CONTRIBUTING CAUSE OF DEATH.						
		RY OCCURRED 20e. PLA	ACE DF INJURY (Hame, far	m, 20f. (City or town)	(Caur	nty)	(State)
MEDICAL	Haur a.m. While	Nat White fac	tary, street, affice bldg., etc			- 11 11	
1	p.m. 17 at wark L					1.1	
	21. I certify that I took charge of the remoi				quiry x,	and in my	opinio
	deoth resulted from: Noturol courses 🔼	Accident [], Sui			monner [_]		
	ACTUAL / h	V. /_	CHIEF MEDICA			22 DAT	E SIGNED
	SIGNATURE SOM		M. D.	DICAL EXAMINER L		ZZ. DAII	JOHLD
	EXAMINER'S John Kehoe, M.D. R	iverdale, Md.		CAL EXAMINER (ALL EXAMINER (AL		9-19-	.67
2		23c. NAME OF CEMETERY DR	CREMATORY	23d. LOCATION (City or	Tawn) (County)	(State)
	Burial 9/21/67	Cedar Hill (Cemeterv	Suitland I	rince	Georges	Md.
	24. FUNERAL DIRECTOR Robert E. Wilhelm	ADDDECE	or pro	D BY REGISTRAR 2Sb.	REGISTRAR'S SIG	GNATURE	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12896

PLACE OF DEATH O. COUNTY	rince George's	MARYLAND	2. USUAL RESIDENCE (o. STATMaryla		NPrince George's				
b. CITY OR TOWN	(If outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Brentwood						
	PITAL OR INSTITUTION (If not in hasp nce George's Ger		d. STREET ADDRESS 4009 U	Jtahave	e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print)	First Agnes	Middle F	lost Parsons	4. DATE Mont					
S. SEX Female	6. COLOR OR RACE 7. MAR White WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 8/3/94	9. AGE (In years 73 birthday) yrs.	Manths Days Haurs Min.				
during most of worki	ON (Give kind of work done ng life, even if retired) ederal employee	Db. KIND OF BUSINESS OR INDUSTRY U.S. Government	St Mary's	(& Stote, or foreign country) County Md.	12. CITIZEN OF WHAT				
13. FATHER'S NAME	William F. Twi		14. MOTHER'S MAIDEN Harret						
15. WAS DECEASED I (Yes, no, or unknown	VER IN U.S. ARMED FORCES? (If yes give war ar dates of service)		INFORMANT ilton L. Par	Addre Sons Lanhan					
	DEATH (Enter only one couse per line EATH WAS CAUSED BY:	e for (o), (b), ond (c).) lmonary embolis	n right lung		INTERVAL BETWEEN ONSET AND DEATH				
stoting the un last.	ote couse (o), derlying couse DUE TO	cocardial infarct pronary occlusion pronary arteriose ING TO DEATH BUT NOT RELATED TO	n, left ante	rior descendin	19. WAS AUTOPSY PERFORMED? YES ON NO				
OR CONTRIBUTION	VAS UNDERLYING OG CAUSE OF DEATH FY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in	Part I or Part II of item 18.)	113 110				
20c. TIME OF I	NJURY Manth, Day, Year 2.		ACE OF INJURY (Home, farr ctory, street, office bldg., etc.		(County) (State)				
21. I cei saw the	21. I certify that (I) (this haspital) attended the deceased from , 19.55, to Sept. 2 , 19.67, that (I) (we) las saw the deceased alive an Sept. 2 , 19.67, and that death accurred 10.504 M, from causes and an the date stated above								
22c. PHYSICIAI NAME (Ty	CNQ	5		MED. DIRECTOR D STAFF PHYS. dover Road, Ch	22b. DATE SIGNED 9/2/67 everly, Md.				
23a. BURIAL, CREMA	TION, 23b. DATE THEREOF Sept 5, 196	23c. NAME OF CEMETERY OF Cedar Hill (23d. LOCATION (City or To Suitland P	own) (County) (State) Pro Geo Md.				
24. FUNERAL DIRECT	TOR Gasch's Sons	Hyattsville, Md.			EGISTRAR'S SIGNATURE				

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, whim 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 moy be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

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Prince Coursels Comercia Mospidal | +009 Western Wenterpoor I. I Tode edmill 8/3/24 = 12/2/3 King of the Chamic of the Property and the Property Party of the Property Party of the Property Party of the Property of the P solling . I mediate and the same and the same and the second Correction and union, that Entire and an execution O commy arterlocalerotic Heart Masses 1 .deel = 22 .deel 1 Se : 2, 83 Della vitamine Sanajovan, v.D. | 6001 Landower Road, Chowerty, Dd.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12888 CERTIFICATE OF DEATH 12897 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PRINCE Pr.Geo. MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CITY OR TOWN (If autside carparate fimits, Hyattsville 2 mos. Hvattsville e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS ON A FARM? 5001 -Eastern YES NO TX MAUO 3. NAME OF Middle 4. DATE First Last Day Year DECEASED OF DEATH Eugene 1967 (Type or print) 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last birthday) Months DIVORCED WIDOWED 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) Teach INDUSTRY COUNTRY? Detroit BRother Michi High School + College 13. FATHER'S NAME removal, Charles MANI.9 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN LASALLE RD. (Yes, na) ar unknown) (If yes give war ar dates of service 5157 287-34-571 MANOC cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO burial, Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (State) 20c. TIME OF INJURY Manth. Day, Year (City or town) (County) Haur a.m. factory, street, affice bldg., etc.) Nat While State at wark at wark 21. I certify that (1) (this hespital) attended the deceased fram , page 3 shauld be filed with the and that death accurred a M. from causes and an the date stated above. saw the deceased alive an. 22a. SLGNATURE STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS PHYSICIAN'S NAME (Type) director, shauld b 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Childs, Md. 9/23/67 Oblate Novitiate Cem. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR NA. 1 Levis 1Mt Rainier250. 2Sb. REGISTRAR'S SIGNATURE Home Inc.

completely filled in by the funeral-nave carban papers. Pages 1 and 2 yevent, within 72 haurs after death requires that the death certificate be executed within 24 haurs after death and con attending physicip permit. Then plea the burial-transit signed by attending as the has been O FUNERAL DIRECTOR: After this certificate by the haspital ar far detached be retained shauld

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye, carbed papers. Pages I and Shauld be filed with the State Dept. at Health priar to burial, cremation, ar remayal, and in any electromity within 72 hours after deat

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12898

	PLACE OF DEATH						/11 II 1	and the distribution			
	1. PLACE OF DEATH o. COUNTY Prince Georges MARYLANI					2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE b. COUNTY					
	b. CITY OR TOWN (write RURAL and	If outside corporate limits d give nearest town) e (rural)	s,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47-3					7-3
		AL OR INSTITUTION (If no	ot in haspital,			d. STREET ADDRESS				e IS RE	
G	lenn Dal	e Hespital				1502 Pete	mac A	Ave., S.E.			FARM?
	NAME OF DECEASED (Type or print)	Fin	rst	Middle L.		Lost Payne	4. DAT			Doy 25	ear 67
	SEX Female	6. COLOR OR RACE Negre	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		12/24/1869		9. AGE (In years lost birthdoy) 97 yrs.	IF UNDER 1 Months		ER 24 HRS.
10o		Give kind of work done	10b. K	IND OF BUSINESS OR NDUSTRY	<u> </u>	11. BIRTHPLACE (Count Maryland	y & State, or		COL	TIZEN OF WHAT UNTRY?	
_	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			M. D. C.	
	Unknown					Unknewn					
15. (Ye	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	of service)	social security no. Jnknown		NFORMANT ecedent		Addr	ess		
1	TAKT I. DEA	TH WAS CAUSED BY:	(a) Bren	chopneumoni	ia					ONSET AND	
	33/X Conditions, if ony rise to immediat stating the unde	IMMEDIATE CAUSE DUE , which gove e couse (o),	10 (b) Left 10	cerebrevas	sculs					3 me.	k
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND

c. LENGTH OF STAY IN 16

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10b. KIND OF BUSINESS OR

Building

16. SOCIAL SECURITY NO.

20d. INJURY OCCURRED

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23c. NAME OF CEMETERY OF

Pleasant Ri ADDRESS

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DIVORCED

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Riverdale.

12890

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

10o. USUAL OCCUPATION (Give kind of work done

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service

CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:

during most of working life, even if retired)

Conditions, if ony, which gove rise to immediate couse (a)

stoting the underlying couse

20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER

20c. TIME OF INJURY Month, Day, Year Hour o.m.

saw the deceased alive

22o. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

230. BURIAL, CREMATION,

21. I certify that (I) (this has

Eugene Leland Hospital

6. COLOR OR RACE

Pickett

IMMEDIATE CAUSE (o)

PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH

23b. DATE THEREOF

Sept 11, 1967

F. Gasch's Sons Hyattsville,

DUE TO

DUE TO

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)

Gustey

7. MARRIED

217

WIDOWED

PLACE OF DEATH o. COUNTY

NAME OF

SEX

DECEASED (Type or print)

Male

Carpenter 13. FATHER'S NAME

Ulysses.

CERTIFICAT

C OF DEATH						
2. USUAL RESIDENCE (o. STATE		b. COU	YTY			on)
c. CITY OR TOWN (If or	utside corporat	e limits, write RU	CAL and air	re neores	t town)	
College 1	Park,			/	6.1	1
d. STREET ADDRESS 8616 57th	h Arro				e. IS RESID	ARM?
					YES	NO L
Pickett	4. DATE OF	Mon	th	7- Doy	Yeo	67
8. DATE OF BIRTH	DEATH 9.	AGE (In years	IF UNDER	1 YEAR	IF UNDER	24 HRS.
/-T-25		lost airthday) 75 yrs.	Months	Doys	Hours	Min.
11. BIRTHPLACE (County	& Stote, or fore	eign country)	12. (TIZEN OF DUNTRY?	WHAT	
14. MOTHER'S MAIDEN	NAME					
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INFORMANT	19	Addr				
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(Enter noture of injury in	Part I or Port	Il of item 18.)		~	L	
						10.00
ACE OF INJURY (Home, farr ctory, street, office bldg., etc.	n, 20f.	(City or fown)	(Co	ounty)	7	State)
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at death accurred at	19	frank causes	, 19 <u>`</u> and an 1	7	at (I) (\ e stated	,
D. PHYS.	MED. DIRECTOR	STAFF PHYS.	226	ATE SIGN	ED 4	7
22d. ADDRESS	Soll	281	4			
CREMATORY		ATION (City or To		(County		tote)
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old. 250. REC	P 1 1		GISTRAR'S		udg	4

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death and campletely filled in by the funeral remave serbon papers. Pages 4 and hin 72 hours 3 event, in any physician c director, page 3 shauld be detached far use as the burial-transit permit. Then please shauld be filed with the State Dept. of Health priar to burial, cremation, or remayal, and signed by the attending phy **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires thu Page 4 moy be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	128
EALTH DEPT.	1. PLACE OF DEA

5 may be retained far yaur files.

10 FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, ar remaval, and in any event within 72 haurs after death)

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page

VR ATSME

12900

1289	1	MEDICAL EXAMINE	R'S CERTIFICATE C	OF DEATH	12	900	
1. PLACE OF DEATH o. COUNTY Pri	nce George's	MARYLA	o. STATE_		nstitution: Resident COUNTY Ce George		ion)
b. CITY OR TOWN	(Il outside corporate limits, d give nearest town)	c. LENGTH OF STAY IN 1		utside corporote limits, wri			-/
d. NAME OF HOSPIT	George Genera	hospitol, give street oddress)	d. STREET ADDRESS	hie Marlboro	Pond	e IS RESI ON A I	
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Doy Ye	ear
(Type or print) S. SEX		Elizabeth MARRIED NEVER MARRIED [VIDOWED DIVORCED [Pinkney 8. DATE OF BIRTH	9. AGE (In ye lost birthd	ογ) Months	2 19 1 YEAR IF UNDE Doys Hours	R 24 HRS.
during most of working	N (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote			TIZEN OF WHAT	
Charles	Dominic)/-	14. MOTHER'S MAIDEN	Louise	Med	ley	
	R IN U.S. ARMED FORCES? (If yes give wor or dotes of ser	16. SOCIAL SECURITY NO.	17. INFORMANT / Alfred Pinkn	ey SAI	Address ne 19 5	20	
18. CAUSE OF D	EATH (Enter only one couse p TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Acute pulmonary				INTERVAL BE ONSET AND minutes	TWEEN DEATH 3
Conditions, if ony rise to immediate under last.	re couse (o),	Hypertensive ca	rdio vascular	disease		unknown	1
PART II. OTHER S	IGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART I	(0)	19. WAS AUT PERFORM YES 3	MED?
200. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in	Port I or Port II of item 1	8.)		
20c. TIME OF INJ Hour o.	10	20d. INJURY OCCURRED While Not While of work 1	De. PLACE OF INJURY (Home, lorr foctory, street, olfice bldg., etc.		vn) (Cou	unty)	(Stote)
21. 1 certif		the remains described above uses 🔀 , Acadent 🗌 ,	Suicide, Hamicide	Undetermine	Inquiry 🛣, ed monner 🗌	and in my	opinion
ACTUAL SIGNATURE	John,	Kely	M.D. ASSISTANT MED DEPUTY MEDIC	DICAL EXAMINER [22. DATE	E SIGNED
230 BURTAL, CREMATI	John Kehoe, M		Md. Address (Stree	et, city, town, or county) 23d. LQCATION, (City)	or Town)	9-22 (County) (2-67 (Stote)
24. FUNERAL DIRECTO	9-25-0	ADDRESS.		Heghlas D 84 REGISTRAR - 25	Sb. REGISTRAR'S ST	IDNATURE .	1d
H.S.WA3	hington +Son	s 4925 Den	ME AVE DATE SI	EP 26 196/	fun	Carl Can	

Territoria perchi o parroul antique . I should be Herotel Harry Town Com a sell A STATE OF THE PARTY OF THE PAR ausmini - seposib valoposy biliras salatsiyensi ten lege, ... Error E., III. 4-25-27 HARMENT SEE THE ME the time of the state of the st

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12901 CERTIFICATE OF DEATH death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY COUNTY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after. b. CITY OR TOWN (If outside corporate limits C. LENGTH OF STAY IN 16 c. CITY OR TOWN (IF write RURAL and give negrest town) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRES papers. filled NO 4 NAME OF 4. DATE pan Middle Dov Year completely DECEASED OF DEATH 6 (Type or print) 1967 COL IF UNDER I YEAR 6. COLOR OR 8. DATE OF BIRTH AGE An veors IF UNDER 24 HRS 7. MARRIED NEVER MARRIED remove last birthdoy) Months Hours WIDOWED D DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired pup are 13. FATHER'S NAME 14. MOTHER'S MAIDEN/NAME remayal 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service D crematian, 18. CAUSE OF DEATH (Enter only one couse per line for/(g) NTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) the haspital ar attending physician. DUE TO signed t burial, Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the this certificate has been last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? Health 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) af OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While **DIRECTOR:** After 21. I certify that (1) (this haspital) attended the deceased fram be retained 19 6 7 and that death accurred at 6:15 PM. saw the deceased alive on_ fram causes and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED director, page 3 shauld be filed v M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S Page 4 may FUNERAL NAME (Type) 230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 9 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12893

CERTIFICATE OF DEATH

12902

					CERTIFI	CATE OF D						
AT/	1. P	LACE OF DEATH							lived, if institut	ion: Residence be	ore admissio	n) /
	a	Prin	ce Georges		MARYLA	a. STATE	Mary	land	b. COU	WYCharle	s Coun	nty
9		. CITY OR TOWN (If autside carparate limits	5,	c. LENGTH OF STAY IN	1b c. CITY OR	TOWN (If ou	tside corporate	limits, write RUI	RAL ond give neo	rest town)	
		write RURAL and	d give nearest tawn)				Nanj	emey			80	2
3	d	. NAME OF HOSPIT	AL OR INSTITUTION (If no	at in haspital, g	give street oddress)	d. STREET	ADDRESS				e IS RESID ON A FA	ENCE
0		Pine Vie	w Gardens H	lealth	Care Center	r					YES 3	
		IAME OF ECEASED		rst	Middle	Last	t	4. DATE OF	Mant		ay Yea	
	(Type or print)	Erne	st	F.	Pose	- 4	DEATH	9		20 196	
1	S. S		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF B	BIRTH	9.	AGE (In years lost birthday)	Months Day		24 HRS.
1		Male	White	WIDOWED	DIVORCED		5-82		85 yrs.	I I Day	110013	101311.
1			(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY	11. BIRTHP	PLACE (Caunty	& State, ar fare	ign cauntrγ)	12. CITIZEN COUNTR	OF WHAT	
1	UUFII		mer	"	DOSIKI	Char	les Co	unty,	Md.	USA		
1	13.	FATHER'S NAME				4 4 4	R'S MAIDEN I					
-		Rob	ert Posey			NA6	let Gt	oves/	Sarah	C. Gr	oves	
1	15.	WAS DECEASED EVE	RINII S ARMED FORCES?		SOCIAL SECURITY NO.	17. INFORMANT			Addre			
	(165	No or unknown)	(If yes give war ar dates o	service) 2	19-16-189	5 Lill:	ian D	avis	-Daugh	ter-Nam	1jemo	у,
1	T	18. CAUSE OF DI	EATH (Enter only one cau	se per line for	(a), (b), and (c).)	•					NTERVAL BETY	
		PART I. DEA	TH WAS CAUSED BY:	(a) CA	RDIO-RO	SPIRA	1701	BY C	DLLA	pse '	ONSET AND D	EATH
		422	DUE	TO							7	
		Canditions, if any		(b) C &	ZEEBRO-	V45CU	LAR-	ACC	10 811	Th	nonTi	45
		rise to immediat stating the unde	rlying cause DUE			100						
		last.)	(c) SEV	PILITY -	AS	CU	D				
1	z	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING 1	TO DEATH BUT NOT RELAT	ED TO THE TERMINAL	DISEASE CON	IDITION GIVEN	IN PART I(a)	1	9. WAS AUTO PERFORME	PSY
2	AT S											NO 🔀
		20a. ACCIDENT WAS		20b. DE	SCRIBE HOW INJURY OCC	URRED. (Enter nature	af injury in	Part I ar Part	II of item 18.)			
			CAUSE OF DEATH MEDICAL EXAMINER)									
	MEDICAL	20c. TIME OF INJ	URY Month, Day, Yeor			Oe. PLACE OF INJURY			(City ar town)	(County)	(9	Stote)
1	WE WE	Hour 'a.r p.r	10	While at war		factary, street, off	rice blag., etc.)	112				
1		21. I certi	fy that (I) (this has	pital) atten	ded the deceased fr	am_ 3-29	, 1	9 67, ta	9-20	1967,	that (I) (v	we) las
			eceased alive an	9-20) 196 7 , ar	nd that death ac	curred at	7.20AM,	fram causes	and an the d	ate stated	abave
1		22a. SIGNATURE	0 121	2	2	ATTENDI	NG —	MED.	STAFF	22b. DATE SI		2
			(. E. S.	rare	reli	M.D. PHYS.		DIRECTOR [PHYS.	9	20-61	
1		22c. PHYSICIAN'S NAME (Type)	DR A.R.	LAP	in	22d. A						
-							- 114		, N/	c/		
	23a.	BURIAL, CREMATIC			23c. NAME OF CEMET				ATION (City or Ta			tate)
-		RECYLIPSI'S		1967		y Bapti	st Ce					311
	-	FUNERAL DIRECTO	/.	1/1/	# ADDRESS	2/ 20	2Sa. RECT	BY REGISTRA	1967 ^{2Sb.} RE	GISTRAR'S SIGNAT	URE	Co
-	4	RPHAR	T TUNER	41 /10	me IAT	LATA, MD.	DATE	1 10			(1 0	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physicion.

A CHARLES OF THE STATE OF THE S ALEMAN Some Carran . Compare - Casto De - street pastille 2881-of-885 Personal Personal Pro

1. PLACE OF DEATH O. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give water RURAL and give nearest tawn) Riverdale c. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 2. USUAL RESIDENCE (Where deceased lived, if institution: Residen o. STATE Maryland Prince c. CITY OR TOWN (If autside corporate limits, write RURAL and give give street address) 3. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 4. STREET ADDRESS	
b. CITY OR TOWN (If autside corporate limits, write RURAL and give write RURAL and give nearest town) C. CITY OR TOWN (If autside corporate limits, write RURAL and give rearest town) Cone day Greenhelt	
write RURAL and give nearest tawn) Riverdale One day Greenhelt	Georges
Riverdale One day Greenbelt	e liegiesi idwiij
	16 -/
	e. IS RESIDENCE ON A FARM?
Leland Memorial Hospital 6015 Springhill Drive	YES NO X
3. NAME OF First Middle Last 4. DATE Month OF	Day Year
(Type or print) Cora I. Prunier DEATH 9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED 10/18/91 75/16 /yrs.	Days Hours Min.
10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign county) 12. (1)	TIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	DUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	USA
T	
Jameson, William 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(Yes, no, or unknown) (If yes give war or dates of service)	heridan Stre
No Daughter, Guiffre, Ethel Hyatt	sville
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	ONSEL AND DEATH
PART 1. DEATH WAS CAUSED BY: ACUTE PNEUMONITIS	3 PAYS
DUE TO	
Canditions, if any, which gave (b) (b)	
stoting the underlying cause DUE TO	
(c)	
PARTUL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CONGESTIVE HEART FAILURG	YES NO
20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part II ar Part II af item 18.)	
GR CONTRIBUTING CAUSE OF DEATH	
	unty) (State)
20c. TIME OF INJURY Manth, Day, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, Hour a.m. 20f. (City or town) (Ca	unty) (State)
20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at work a	
20c. TIME OF INJURY Manth, Day, Year Haur a.m. 19 While at work at wark 19 to testing that (I) (this haspital) attended the deceased fram 7 1/1, 19 67, ta 9 1/2, 19 67	GZ, that (I) (we) last
20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at work at wark 21. I certify that (I) (this haspital) attended the deceased fram 7 - 11 , 19 67, and that death accurred at 6 45 m fram causes and an the saw the deceased alive an 7 - 11 19 67, and that death accurred at 6 45 m fram causes and an the saw that the saw that the saw the deceased alive an 220. SIGNATURE 220. SIGN	GZ, that (I) (we) las
20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED while at work at work at work at work at work at while at work at	(7, that (I) (we) las
20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at work at wark foctory, street, affice bidg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram 7 - 1/2, and that death accurred at 6.45 m fram causes and an the saw the deceased alive an 7 - 1/2 and that death accurred at 6.45 m fram causes and an the saw the deceased alive an 7 - 1/2 and that death accurred at 6.45 m fram causes and an the saw the deceased alive an 7 - 1/2 and that death accurred at 6.45 m fram causes and an the saw the deceased alive an 7 - 1/2 and that death accurred at 6.45 m fram causes and an the saw the deceased alive an 1/2 and that death accurred at 6.45 m fram causes and an the saw the deceased alive an 1/2 and that death accurred at 6.45 m fram causes and an the saw the deceased alive an 1/2 and that death accurred at 6.45 m fram causes and an the saw the deceased alive an 1/2 and that death accurred at 6.45 m fram causes and an the saw the deceased alive an 1/2 and that death accurred at 6.45 m fram causes and an the saw the deceased alive an 1/2 and that death accurred at 6.45 m fram causes and an the saw the deceased alive an 1/2 and that death accurred at 6.45 m fram causes and an the saw the deceased alive an 1/2 and that death accurred at 6.45 m fram causes and an the saw that the saw	(7, that (I) (we) las
20c. TIME OF INJURY Manth, Day, Year Hour a.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) 20f. (City or town) (Call the p.m. 19 21. 19.67, ta 9-1/-, 19.67, and that death accurred at 6.45 m fram causes and an the period of the period	(7, that (I) (we) las he date stated abave
20c. TIME OF INJURY Manth, Day, Year Hour a.m. 19 20d. INJURY OCCURRED While at work a	AZ, that (I) (we) lass he date stated abave ATE SIGNED
20c. TIME OF INJURY Manth, Day, Year Year Hour a.m. 19 20d. INJURY OCCURRED 20d. NJURY (Hame, farm, factory, street, affice bidg., etc.) 20f. (City or town) (Carley, street, affice bidg., etc.) 21. 1 1 1 1 1 1 1 1 1	(7, that (I) (we) last he date stated abave
20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 21. I certify that (I) (this haspital) attended the deceased fram 3 - 11 19 67, and that death accurred at 6 45 m fram causes and an the saw the deceased alive an 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 19 20d. INJURY OCCURRED While Not While Start Not While Start Not While No	(7, that (1) (we) last he date stated abave. ATE SIGNED

were like the like the TONTE VOTE ! warl ambigued him Constitution and the contract

MARYLAND STATE DEPARTMENT OF HEALTH OF VITAL RECORDS, 301

12895

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

E		14890	MED	ICAL EXAMIN	IER'S	CERTIFICATE O	F DEATH		12904	
PT.		LACE OF DEATH				2. USUAL RESIDENCE (V	/here deceased lived	, if institution: Re	esidence befare a	dmission)
99		Prince George		MARY		Maryland			George	
	b	CITY OR TOWN (If autside carparate limi write RURAL and give nearest tawn)	ts,	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If ou	tside corporate limit	s, write RURAL an	d give nearest to	own)
		Cheverly		DOA		Landover	Hills			16-1
	d	NAME OF HOSPITAL OR INSTITUTION (If n	at in haspital,	give street address)		d. STREET ADDRESS			e.	S RESIDENCE ON A FARM?
1	Ţ	rince George Gener	al Hos	nital		7104 Merry	wood St		YES	NO B
1	3. N	IAME OF F	irst	Middle		Lost	4. DATE	Month	Day	Year
1	(PECEASED Type or print) John		TAT	P	vles	OF DEATH	Q	77.	19 67
		EX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH	9. AGE (UNDER 24 HRS.
	N	Male White	WIDDWED	DIVDRCED		25 March 18	196 71	irthday) Man	ths Days I	lours Min.
I	10a.	USUAL DCCUPATION (Give kind of work dans	10b. K	ND OF BUSINESS OR		11. BIRTHPLACE (State	ar fareign country)		2 CITIZEN OF W	
	durir	USUAL DCCUPATION (Give kind of work dans ng most of working life, even if retired)	140	DUSTRY PAINT	EL	MARY	AND		COUNTRY	B.A.
	13.	FATHER'S NAME	111			14. MOTHER'S MAIDEN N				
		JOHN D. P	YLES			EILEN		BER		
1		WAS DECEASED EVER IN U.S. ARMED FORCES		SOCIAL SECURITY NO.	17. II	NFORMANT	Gia	Address		^
ı	(Yes	(If yes give war or dates	of service)	NKNOWN	TRI	ENE E. PKLE	110	LYATTSU	WOOD 51	M AD
F		18. CAUSE OF DEATH (Enter only one co			19-1		7	TILL SU	INTERV	AL BETWEEN
1					eurvs	m of abdomi	nal aorta	1	ONSET.	AND DEATH
		/ / 6 / 3/	10	ouro or our	001,72	ALL OF COOLUMN				
1		Conditions, if any, which gave	(h)						100	
1		rise to immediate cause (a),	10							
ı		stating the underlying cause last.	(e)						71 115	
	1	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBILITING	TO DEATH BUT NOT PEL	ATED TO T	HE TERMINAL DISEASE CON	DITIDN GIVEN IN PA	PT 1(a)	19 W	AS AUTOPSY
	S	TACL II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTIO	TO DEATH DOT NOT KEE	AILD 10 I	THE TERMINAL DISEASE COM	DITIDIT ON ENTITY	110)	PE YES	RFORMED?
-	3	20a. EXTERNAL CAUSE WAS	I sole Di	SCOIDE HOW INITION OF	CUIDDED (Enter nature of injury in f	Part I or Part II of I	non 191	1 1 1 2 3	LI NO LI
١	CERTIFICATION	PRIMARY or CONTRIBUTING	200. 00	SCRIBE HOW HOOK! OF	LCOKKED. (Ellier holore of lingsty in a	dir i di raii ii di i	em 10.j		
		CAUSE OF DEATH.	204 6	NJURY OCCURRED	20 - DI AC	E DF INJURY (Hame, farm	. 1 20f. (City	or town)	(County)	(State)
ı	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m.	While	Not While		ary, street, office bldg., etc.)	, 201. (City	i lowing	(Coomy)	(sidie)
		p.m. 19	at wor	k 🔲 at wark 🔲						
1		21. I certify that I taok charg								my apinian
1		death resulted fram: Natur	a causes	, Acident	, Suici	de 🔲, Hamicide		mined manne	r 📗	
ł		ACTUAL DATE	18	1		CHIEF MEDICAL	EXAMINER		20	DATE CICALED
		SIGNATURE	7/	11 1	7	_M.D. ASSISTANT MED			22.	DATE SIGNED
		EXAMINER'S	25.70	D: /	20.5		L EXAMINER		075/	n
		NAME (Type) John Kehoe,		Riverdale	Ø		city, town, or coun		9-15-6	
	230.	BURIAL, CREMATION, 23b. DATE THE		23c. NAME OF CEME			23d. LOCATION		(County)	(State)
			18,1967	FT. LINC	OLH		BLADEN		MIO.	
	24.	FUNERAL DIRECTOR		ADDRESS			BY REGISTRAR		AR'S SIGNATURE	
1	11	1. W PLAM RERS	Call	IVERDALE	M	DATE SE	P 1 9 196	1 ville	anda le	

VR A 15ME (5)

alsker sonir and the second s TO SHE THE SHEET OF THE SHEET January 1. 180 - 1 ell caretal . . . Less and

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12905

2 896

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2/00										
PLACE OF DEATH a. COUNTY						(Where deceased lived, if ir		sidence befar	e admissio	n)
	rince Geor	gets	MARYL	LAND	Maryland	Pr	ince G	eorge	Is	
h CITY OF TOWN /	If autside carnarate limit		c. LENGTH OF STAY IN			autside carparate limits, wri				
Chever	give nearest tawn)		DOA		North Bre	ntrood			16	1
	AL OR INSTITUTION (If n	at in hasnital air			d. STREET ADDRESS	Hewood			e. IS RESID	ENCE
								1	ON A FA	ARM?
	eorge Gener					ch Street				NO 5
3. NAME OF DECEASED	Fi	irst	Middle		Last	4. DATE OF	Manth	Day	Yea	r
(Type or print)	Stan	ley	L		Queen	DEATH	9	1	1 19	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	X 8.	DATE OF BIRTH	9. AGE (In yet		DER 1 YEAR	IF UNDER	-
Male	Negro	WIDOWED	DIVORCED		April 19		rs. Mont	hs Days	Hours	Mir
Oo. USUAL OCCUPATION	(Give kind of work done	10b. KIN	D OF BUSINESS OR			te or fareign country)	12	2. CITIZEN OF		_
during most of warking Self-em	life even if retired)	IND	USTRY		M=1=			COUNTRY?		
13. FATHER'S NAME	Dioyeu				Maryla 14. MOTHER'S MAIDEN	I NAME		USA		_
	BELL AV									
	ge Queen	1 11 61		12 10		le Johnson				
	R IN U.S. ARMED FORCES? (If yes give war ar dates		OCIAL SECURITY NO.		ORMANT		Address			
,, .,	, , , ,			Mar	ion Quee	en-4505 Chr	uch S	Stree	t	
18. CAUSE OF DE	ATH (Enter anly one car	use per line far (a), (b), and (c).)						ERVAL BETY	
PART I. DEAT	THE WAS CALISED DV.			h	and a min			over	SEL AND D	EATH
150 X		1 /	noma of t	ne eo	Sopnagus			ONET	Z IIIC	_
	DUE	. 10								
Conditions, if ony,	which gave	(b)								
rise to immediat	e couse (a), DUE	TO								
lost.	Tring toose	(c)								
DAPT II OTHER SI	CNIEICANT CONDITIONS (DEATH BUT NOT DELA	TED TO THE	TEDMINAL DISEASE O	ONDITION GIVEN IN PART 1	a)	110	WAS AUTO	PSV
PART II. OTTIER 31	SMIFICANT CONDITIONS C	ONIKIBUTING TO	DEATH BUT NOT KEEA	AILU IU IH	E TEKMINAL DISEASE C	ONDITION GIVEN IN PART I	u)	1 '''	PERFORME	D?
20g. EXTERNAL CA								Υ	ES I	NO [
20a. EXTERNAL (A PRIMARY ☐ or (OI	USE WAS	20b. DESC	RIBE HOW INJURY OC	CURRED. (Er	iter nature of injury i	n Part I or Part II af item 1	3.)			
CAUSE OF DEATH.	NIKIBUHNG LJ	THE PARTY								
20c. TIME OF INJU	JRY Month, Day, Year	20d. INI	URY OCCURRED	20e PLACE	OF INJURY (Hame, fa	rm. 20f. (City or tow	n)	(County)	(1	State)
Haur a.n	n.	While	Not While		, street, affice bldg., et		,	(1.	,
p.r	n. 19	at wark								
21. I certify	y that I taak charg	e of the remo	ains described abo	ave, held	an Autopsy	, Inspection	Inquiry x	and,	in my	pin
death result	ed from: Natur	a causes X	Accident	Suicid	e . Homicid	le Undetermine	d manner			
	/ /	10	//		CHIEF MEDICA	AL EXAMINER				
ACTUAL	1/2/1	2/1	1	1	I COLOT INT AN	EDICAL EXAMINER		2	2. DATE	SIGN
SIGNATURE	1100	111	_, _		NLD.	ICAL EXAMINER				
EXAMINER'S	/. /	3.6 30		3/1				0	70	10
NAME (Type)	John Kehoe,	M.D.	Riverdale	Md.		eet, city, tawn, ar caunty)			-12-	
23a. BURIAL, CREMATIC			23c. NAME OF CEMET			23d. LOCATION (City		(County)	(St	ate)
Buriarecify	9/15/	1 -60	11	vet	Cemetery	Washing	ton,	D.C.		
24. FUNERAL DIRECTO	Marin 1.	sten	TOURDORESS .		2Sa. REG	CD BY REGISTRAR 25	b REGISTRAF	R'S SIGNATUR	E	
Stewart	Funeral E	Tome 4	001 Benn	ning	Rd., N.E.	SEP 1 5 1967	aci	worls	Und	40

This certificate should be executed within 24 hours ofter death. If any delay is necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office olong with form PM3. 5 may be retained for your files. TO DEPUTY MEDICAL EXAMINER:

Health prior to buriol, cremotion, or removal, and in any event within 72 hours ofter death.

FOR STATE LEAVING DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR	STATE	
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TO DEPUTY MELICAL EXAMINER: This certificate should be executed within 24 hours ofter death. It	necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages	9	5 moy be retained for your files.	TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State I	Health prior to burial, cremotion, or removal, and in any event within 72 hours after dearns
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PLACE OF DEATH COUNTY	o. STATE	here deceased lived, if institution: R b. COUNTY	
Prince George's MARYLAND	Maryland	Prince G	
b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If out	side corporate limits, write RURAL ar	nd give nearest town)
Cheverly DOA	Morningsi	de	16-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince George General Hospital	103 Wood	llawn Road	YES NO 2
3. NAME OF First Middle	Lost	4. DATE Month	Day Year
DECEASED (Type or print) Ivev Ra	inwater	OF DEATH 9	12 19 67
	8. DATE OF BIRTH		JNDER I YEAR IF UNDER 24 HRS
Male White WIDOWED DIVORCED	21 Oct. 1913		nths Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT
during most of working life, even if retired) Retired INDUSTRY U.S. Government	Canada		COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME	USA
Ivey Vason Rainwater Sr.		ry Peacock	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17	INFORMANT	Address	
(Yes, no, or unknown) (If yes give war or dates of service)	ancos B Pod	nwater, Same As	# 0
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	ances b. Rai	nwater, same As	INTERVAL BETWEEN
DADT I DEATH WAS CAUSED DV.			ONSET AND DEATH
IMMEDIATE CAUSE (a) Heart failure			minutes
Conditions, if ony, which gave	eart disease		over 5 yrs.
rise to immediate cause (a)			
stoling the underlying cause DUE TO			THE RESERVE
lost. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
CAIL			YES NO 🔼
20g. EXTERNAL CAUSE WAS PRIMARY	(Enter noture of injury in F	ort I or Part II of item 18.)	
CAUSE OF DEATH.			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form,		(County) (Stote)
Hour o.m. p.m. 19 While Not While of work of work	tory, street, office bldg., etc.)		
21. I certify that I taok charge af the remains described above, he	eld an Autapsy .	Inspection 🔀 Inquiry	x, ond in my opinio
	cide . Homicide	Undetermined manne	
	CHIEF MEDICAL		
SIGNATURE SIGNATURE	M.D. ASSISTANT MEDI	CAL EXAMINER	22. DATE SIGNED
EXAMINER'S		EXAMINER TO	
NAME (Type) John Wehoe, M.D. Riverdale, Md.	Address (Street,	city, town, or county)	9-12-67
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
Burial (Specify) 9/14/67 Sunset Memor	ial Gardens	Cemetery, Freder	ricksburg. Va.
24. FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home	2Sa. REC'D	BY REGISTRAR 2Sb. REGISTR	RAR'S SIGNATURE
4308 Suitland Road, Suitland, Maryland	DATE	1 9 1987 Mles	ula Judal
	357	18 1967 John	00

VR A15ME (5) 6M 1/67

The Later of the State of the S entr energy had motion but a last and terms agreed ration. V. Mattachage V. St. 1 - Sigh step 15 Additional teachers Courselled best to be trained to be trained best to be trained to Lie Mary Poscock Franceaus, Matember, and As 1 20 W. J. Williams, L. L. College, M. J. Bugist L '9/11/67 ' Lunes Ba origh Bandens Committee, Fred Storburg, Vill erect farment countries of freeden - ABGB Buttland wood, Buttland, varyleads - erach as will will a will be a second a second a second a second a

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12898

CERTIFICATE OF DEATH

12907

death pup PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Prince Georges MARYLAND Maryland Prince Georges b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 days Cheverly Edmonston e. IS RESIDENCE ON A FARM? .= d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS campletely filled Prince Georges General Hospital 4924 Laffette Stree YES NO TO NAME OF pan Lost 4. DATE Doy Year 3 DECEASED (Type or print) Albert DEATH COL Raulin. Sent S SEX 9. AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthday) Months Doys Hours WIDOWED DIVORCED Male White 20 Jan. 1908 and 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT COUNTRY? Washington D. C. Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal. August Raulin Lillian Gebbardt WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 577 05 5750 OF Edmonston, Md. Genevieve Raulin crematian. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO burial. Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use 20g. ACCIDENT WAS UNDERLYING [20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour 'o.m. Not While FUNERAL DIRECTOR: After 21. I certify that (4) (this hospital), attended the deceased from and that death accurred at 3.45 M from causes ond saw the deceased alive on on the date stated obove 22o. SIGNATURE director, page 3 M.D. DIRECTOR 22c. PHYSICIAN 22d_ADDRESS NAME (Type) Should 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Colmar Manor Pro Geo Md. Ft Lincoln Cemetery 0 Burial 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15 (4 25M 1/67 F. Gasch's Sons Hyattsville, Md.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending THE RESIDENCE OF THE PARTY OF THE PROPERTY OF

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MARYLAND STATE DEPARTMENT OF HEALTH TAL RECORDS, 301, W. PRESTON, STREET, BALTIMORE, MARYLAND 21201

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DIVISION OF WITAL RECORDS, 301 W. PRESION STREET, BALTI

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		Trem # 2	G or G	* 11m mu35	2 10/	77/01	Dil						
	a. COUNTYPrin	ice George's		MAR	RYLAND		Mary	Where deceased live		ian: Reside N Prin o			
	b. CITY OR TOWN write RURCH	(If autside corparate limits, d.aive marest tawn)		c. LENGTH OF STAY 12 days		c. CITY OR TO		tside carparote lim				16 -	-1
		ral or institution (if not ce George's			1	d. STREET ADDRESS 3709 42nd Ave. Regent Nyrsing Itome e. IS RESIDENCE ON A FARM? YES NO							
	NAME OF DECEASED (Type or print)	Firs Vir	ginia	Middle		losi Reio	d	4. DATE OF DEATH	Mont		Doy 3	Уес 19 С	
S.	Female	6. COLOR OR RACE Cauc.	7. MARRIED WIDOWED	NEVER MARRIE DIVORCE		7-21-		9. AGE	(In years pirthdoy) yrs.	Months	Days Days	IF UNDER Haurs	24 HRS Min.
	ing most of working	N (Give kind of work dane life, even if retired) Sewife	IN	ND OF BUSINESS OR DUSTRY ND home				& State, or foreign o		12. C	ITIZEN OF DUNTRY?	WHAT	
13.	FATHER'S NAME	arry Baker				14. MOTHER'		Widmeie	r				
15. (Ye	. WAS DECEASED EV es, no, ar unknawn)	ER IN U.S. ARMED FORCES? (If yes give war ar dates af	service) 16.	SOCIAL SECURITY NO. 48 6332		NFORMANT Conald	J Rei	d Temp	Addre		Md		
	260 X Conditions, if any rise to immedia stoting the under lost.	te cause (a), DUE 1	ro b) <u>Q</u>	ardiac exteriorcle	rotio	e Hea	ent d	Disease	May	/ acc	ue .		
CERTIFICATION	PART II. OTHER S	IGNIFICANT CONDITIONS CO	NTRIBUTING 1	O DEATH BUT NOT RE	LATED TO	THE TERMINAL C	DISEASE CON	IDITION GIVEN IN I	PART 1(a)		19. YE	WAS AUTO PERFORMI S	
	OR CONTRIBUTING	S UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY O	OCCURRED.	(Enter nature a	f injury in I	Part I or Part II af	item 18.)				
MEDICAL	Hour a.	URY Manth, Day, Year m. 19	20d. 11 While at work			CE OF INJURY (I ory, street, affice			(ar town)	(Co	ounty)	(State)
	21. I cert	ify that (★) (this hosp eceased olive on	sept.	ded the deceased	fram and tha	8 -22 death acci	, 1 urred at,	967 , to	9-3 m couses	, 19 and on 1	7, th	at (#x) (v e stated	ve) la: abov
	22a. SIGNATURE	Morusi			M.1	ATTENDING PHYS.	· 🗆	MED. DIRECTOR	STAFF PHYS.	22b. [P/3/6	D	
	22c. PHYSICIAN'S NAME (Type		dez, M	1. D.		Pri		eorges G	enera	1 Hos	spit	al	
230	BURIAL, CREMATI REMOVAL (Specifi Burial			Ft Lin		Cemete	ry	23d. LOCATIO Colmar			(County) Geo	Mc	lote)
24	F. Gas	or sch's Sons	Hyatt	ADDRESS sville, M	d.		250. REC'D	BY REGISTRAR P 8 19		GISTRAR'S	460	unda	4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the toperadirector, page 3 should be detached for use as the buriol-transit permit. Then please remove-carbon papers. Pages a should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after cent Page 4 may be retained by the hospital or attending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12900 CERTIFICATE OF DEATH

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	PLACE OF DEATH a. COUNTY		USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) a. STATE b. COUNTY				
	Prince Georges	MARYLAND	Maryland Prince Georges				
	b. CtTY OR TOWN (If autside corporate limits,	c. LENGTH OF STAY IN 16		de corporote limits, write RURAL a	nd give nearest tawn)		
	write RURAL and give nearest tawn) Cheverly	4 1	4		/ /		
-		4 days	Accokeek		A DESIDENCE		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hasp	ital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
-	Prince Georges General H		Rt. 2, Box		YES NO		
3.	NAME OF First DECEASED	Middle	Last	4. DATE Manth	Day Year		
1	(Type or print) Man	v B Rh	inehart	OF DEATH Sept.	7, 1967		
S.	SEX 6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH	9. AGE (In years IF t	UNDER 1 YEAR IF UNDER 24 HRS		
	Female White WIDO	WED EX DIVORCED	Feb. 9, 190	2 last birthday) Ma	inths Days Haurs Min.		
		Ob. KIND OF BUSINESS OR	11. BIRTHPLACE (County & S		12. CITIZEN OF WHAT		
du	ring most af warking life, even if retired)	INDUSTRY	Wort	11201127	COUNTRY?		
1	Housework	20011	west	1 Minia			
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME /	/		
L	/u	rher	1-Core		RE		
1 (. WAS DECEASED EVER IN U.S. ARMED FORCES? 'es, na, or yokknawn) (If yes give war ar dates af service)	16. SOCIAL SECURITY NO. 17.	My Margo	anot E Address +	terhouse.		
1,	// / /	217-30-0522	ישו בל ובליווו	reccent Rd.	· Green belt My		
-	18. CAUSE OF DEATH (Enter anly one cause per lin	e far (a) (b) and (c))	4010		INTERVAL BETWEEN		
	PART I DEATH WAS CALISED BY-	1 11	200101119	(annual)	ONSET AND DEATH		
40	IMMEDIATE CAUSE (a)	zympuo s	WI WIMW	- Femilia	one year		
10	DUE TO	XI V		1 (11-	V		
	(anditians, if any, which gave)	Levere L	upun Or	Jun Lo Hor			
1	rise to immediate cause (a), stating the underlying cause						
	last. (c)						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY		
MEDICAL CERTIFICATION	the state of the s	DOT NOT KEELED TO	THE TERRITORE DISERSE CORD	THOU OFFER IN TAKE I(u)	PERFORMED?		
] [₹					YES NO		
FE	20a. ACCIDENT WAS UNDERLYING ☐ 20 OR CONTRIBUTING ☐ CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Par	rt I ar Part II af item 1B.)			
18	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
Z		Od. INJURY OCCURRED 20e P	LACE OF INJURY (Hame, farm,	20f. (City or town)	(Caunty) (State)		
9	Haur a.m.		ictory, street, affice bldg., etc.)		(3.0.0)		
-		twark 🔲 at wark 🔲					
	21. I certify that (1) (this hespital) at	ttended the deceased fram_	1945,19	, to Sept. 7.	, 1967, that (1) (core) last		
	saw the deceased alive on Sent	7. 19.67, and th	at death occurred at_c	M, from causes and	on the date stated obove.		
	22a. SIGNATURE	1 0		2	2he DATE SIGNED		
	1 / 2	lealur ,	A.D. PHYS. MI	RECTOR PHYS.	100 t 8 17		
	22c. PHYSICIAN'S	1	22d. ADDRESS	KECTOR LE TITIS.	440101		
	NAME (Type)						
-	Ohannes Saha	kyan, M. D.	- 6001 Lando	over Rd. Chever	ly, Maryland		
23	a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O		23d. LOCATION (City ar Tawn)	(Caunty) (State)		
	REMOVAL (Specify) Sept. 11, 19	167/ / wihitu/	lemonial (san	donc (1)211	orte Chas Met		
12	A FUNERAL DIRECTOR	ADDRESS (BY REGISTRAR / 25b. REGISTR	AR'S SIGNATURE		
+	Wind Hungary	long a Woods	a I NA SE	P 1 3 1967 20	hanles Judges		
L	1 Uningal	one, - con	DATE OL	1 10 1001			

the funerol death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificote be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by director, page 3 should be detached for use os the burial-transit permit. Then please remove-carbon papers. Should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours.

VR A15 (4) 25M 1/67

Triang Courges - -Hary and Prince Pagens Chargeria Butnehnra Line - sept. 17. Penalty Valta - company to the S. 1902 The Property of the Control of the C THE COUNTY OF THE PARTY OF THE Market and the state of the sta the state of the s

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12910 MEDICAL EXAMINER'S CERTIFICATE OF

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY					
Prince George's	MARYLAND						
b. CITY OR TOWN (If outside corporate limit write RURAL and give nearest town)			f outside corporate limits, write RURAL				
Cheverly		Berwyn He	ei ghts	16-1			
d. NAME OF HOSPITAL OR INSTITUTION (If n	ot in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
Prince George's Gen		8450 57t	th Avenue	YES NO X			
3. NAME OF First DECEASED (Type or print) Lawren	Middle V	Ricker	4. DATE Month OF DEATH September	Day Year 24 1967			
a and a color of the		B. DATE OF BIRTH	19 AGE (In years LIFUNDER	1 YEAR FUNDER 24 HRS.			
Male White WID	DOWED DIVORCED	2/2/14	last birthday) Months 51 53 yrs.	Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S		ITIZEN OF WHAT			
during most of working life, even if retired)	PLUMBING	WASHIN		1.5			
13. FATHER'S NAME	2011.01.10	14. MOTHER'S MAII	DEN NAME				
LAWRENCE N. K	CICKER	VIOLA	SCHNEIDER				
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Address				
(Yes, no, or unkown) (If yes give war or dates of service	577 269194 Sa	lly Ricker((Wife) Same as #2				
18. CAUSE OF DEATH [Enter only one cause				ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Multiple Abscesses	s of Right	Lung	ONSET AND DEATH			
1997 DUE TO							
Conditions if any which \	Epidermoid Carcin	oma of the	right epiglottal	1 month			
gave rise to immediate	fold and pyri						
cause (a), stating the DUE TO	rord and pyrr.	LOTH STHUS					
underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CO	MTDIDITING TO DEATH DUT NOT DEL	TED TO THE TERMINAL	DISEASE CONDITION CIVEN IN DART 1/e)	119. WAS AUTOPSY			
PARTITION ER SIGNIFICANT CONDITIONS CO	NIKIBOTING TO DEATH BUT NOT KELA	TED TO THE TERMINAL	DISEASE COMDITION GIVEN IN FART 1(a)	PERFORMED? YES X NO			
PARTII. OTHER SIGNIFICANT CONDITIONS CO	20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature o	of injury in Part I or Part II of Item 18	3.)			
20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, f	farm, 20f. (City or town) (Co	unty) (State)			
Hour a.m. None	While Not While facto	ry, street, office bldg.,		,			
P.m. 19	at work at work						
21. I certify that I took charge of th	ne remains described above, hel	ld an Autopsy 🔼,	inspection , Inquiry ,	and in my opinion			
death resulted from: Natural cause	es. Accident . Sui	icide . Homic	ide . Undetermined manner				
		CHIEF MEDICA	AL EXAMINER				
ACTUAL ACTUAL	1 offer	M.D. ASSISTANT ME	EDICAL EXAMINER	22. DATE SIGNED			
SIGNATURE THE		m,v.	CAL EXAMINER 🔀	9/25/67			
EXAMINER'S JOHN	EHOE		et, city, town, or county) RIVERD	ALE, MD			
23a. BURIAL, CREMATION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or co				
BURIAL SPECIFY) SEPT 28.1	967 FORT LINES	OLN CEM	BLADENSBURG,	MARYLAND			
24. FUNERAL DIRECTOR	ADDRESS		EC'D BY REGISTRAR 25b. REGISTRAR				
W.W. CHAMBERS CO.	RIVERDALE, /	VID DATE S	EP 28 1967 golian	les Judges			

(1) TO 10 70 mm gain saged to assesses elvisored of high notion to a little explicit of the results of the r color des logarios sures. ll a c the second of th

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funereldirector, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death. Roberts, Boby gir

> VR A15 (4) 25M 1/67

12902

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12911

				CERTIFIC	AIC	OF DEATH		AT LONG TO STATE OF THE STATE O	
		PLACE OF DEATH	eorges	MADVIA	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland Prince Georges				
	b	o. CITY OR TOWN (If outside corporate limits, I give nearest tawn)	c. LENGTH OF STAY IN 1	b		tside corporate limits, write RURAL and giv		
	Cheverly 2 hrs.25min						ille	/6-/	
4			AL OR INSTITUTION (If not in he orges General			d. STREET ADDRESS	x 105, Rt.301	e. IS RESIDENCE ON A FARM? YES NO	
		NAME OF	First	Middle		Lost	4. DATE Month		
1	I	DECEASED (Type or print)	FIIST	Baby Girl		Roberts	OF DEATH Sept. 6.	Doy Year 19 67	
	S. S	SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	XXX B	. DATE OF BIRTH	9. AGE (In years IF UNDER		
		Female	OOLOICU	DOWED DIVORCED		Sept. 6,19		Doys Hours Min. 25	
								TIZEN OF WHAT DUNTRY? U.S.A.	
		FATHER'S NAME				14. MOTHER'S MAIDEN !	NAME .		
			ndrew Proctor				oris Roberts		
	IS.	WAS DECEASED EVE s. no. or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of servi	16. SOCIAL SECURITY NO.	17. II	NFORMANT	Address		
	,					Mother	San	ne as above	
			EATH (Enter only one couse per TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (o), (b), and (c).)	it	4		INTERVAL BETWEEN ONSET AND DEATH	
		7625	DUE TO	y O	//	7			
		Conditions, if ony		Ateleta	ero	Bila	teral		
		rise to immediat stating the unde						Value of the second	
		lost.) (c)						
1	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE COM	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO	
	CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in	Port I or Port II of item 18.)		
	MEDICAL		JRY Month, Doy, Yeor	20d. INJURY OCCURRED 20 While Not While at work		E OF INJURY (Home, farm ary, street, office bldg., etc.)		unty) (Stote)	
			11.		ım S	Sept.6.	967 , to Sept. 6 , 196	7, that \$5 (we) last	
1	0		eceased alive an Se		d that	death occurred at	5:10%, fram causes and an t	he date stated abave.	
V		22o. SIGNATURE	1/20	un n	> M.D	ATTENDING -		ATE SIGNED	
		, 22c. PHYSICIAN'S NAME (Type)	Iradj Mahad	avi, M. D.	t. ∉ï	22d ADDRESS	erdale Road, Cheven	rly, Md.	
	230.	BURIAL REMATIC	23b. DATE THEREO	23c. NAME OF CEMETER	RY OR O	REMATORY	23d. LOCATION (City or Town)	(County) (Stote)	
				A Prince Seon	ege 1	s Gan, Hosp		PG Maryland	
,		. FUNERAL FIREGO		. Admin., Che ve	Triv	Md.	D BY REGISTRAR 2SB. REGISTRAR'S S	a ()	
	W.	IIIIAM A.	rarker, Asst	. Admin , one ve	y	DATES	P 19 1961 your		
	1	- 1801	7 4						

Mary Land Prince Corners The late of the la Telegraph for the state of the the state of the s TOP5, 0 .305; Trince Guores's, Sarviani S. H. S. A. Isther Daloria Polente LIEVYR Andrew Procesy Sary as seeved Sept. f. 67 Sept. f. 67 MET Mayorage Band, Garrente, Han . Lymper I liper the service of the control of the service services and the services of the ser and the second of the second o 12903

Prince George's

b. CITY OR TOWN (If autside carparote limits,
write RURAL and give neorest town)

Cheverly | DOA d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address)

PLACE OF DEATH

a. COUNTY

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND

LENGTH OF STAY IN 16

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

AA	EDIC	Al	EVARA	INED'C	CERTIFICAT	EOE	DEATH
IVI	EDIC	AL	LXAM	INFK.7	CERTIFICAT	E UF	DEATH

District Heights
d. STREET ADDRESS

12912

e IS RESIDENCE ON A FARM?

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) o. STATE

Maryland

Prince George s

c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town)

FOR STATE HEALTH DEPT. 3 to Page lay is

State Department of necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with far

This certificate shauld be executed within 24 haurs after death.

MEDICAL EXAMINER:

O DEPUTY necessary, p

19	P	rince Ge	orge Genera	1 Hos	nital		7205 Foste	r Street			YES NO
3	3. N	AME OF ECEASED	Firs		Middle		Lost	4. DATE OF	Month	Day	Year
	((ype ar print)	Alice		Marguerite	R	ockelli	DEATH	9	10	
13	S. S	EX	6. COLOR OR RACE	7. MARRIED			DATE OF BIRTH		E (In years IFU Mon	NDER I YEAR	Hours Min.
1	F	emale	White	WIDOWED		12		6			
	Oa. Jurin	USUAL OCCUPATION a most of working	(Give kind of work done life, even if retired)		(IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (Sto	ite or foreign cauntr	()	12. CITIZEN O	?
	ŀ	OUS ewi	fe		Home		Washingt	ton, D.	3.	U.S	5.A.
	13.	FATHER'S NAME					14. MOTHER'S MAIDE				
-			E. Anders			1	Nellie '	r. Hurne			
			R IN U.S. ARMED FORCES? (If yes give war or dates of	service) 16.	SOCIAL SECURITY NO.		IFORMANT		Oxon H	li11,	Md.
		No				Ge	rald H.	Rockell:	4414 H		
			EATH (Enter only ane cause TH WAS CAUSED BY:								TERVAL BETWEEN
		1970	IMMEDIATE CAUSE (astatic car		na				
	-	Conditions, if ony,	DUE T	o Car	cinoma of f	ace				ove	r 10 yrs
	-1	rise ta immediate	e cause (a),)							
	4	stoting the under	rlying couse	-1							
	-		GNIFICANT CONDITIONS CO	NTRIBUTING	TO DEATH BUT NOT REL	ATED TO TO	A PARAZIO I LANIMART AL	ONDITION GIVEN IN	PART I(a)	119.	WAS AUTOPSY
TION		THE THE STREET								Y	PERFORMED?
A JUST	CEKIIFICATION	20o. EXTERNAL CA		20b. D	ESCRIBE HOW INJURY OF	CURRED. (Inter nature of injury	in Port I or Port II (f item 18.)		
		PRIMARY Or COM	NTRIBUTING 🗆								
NCAL	MEDICAL	20c. TIME OF INJU	JRY Month, Day, Year				E OF INJURY (Home, fo		ty ar tawn)	(Caunty)	(State)
100	ME	Haur a.n p.n	10	Whi!	e Not While rk at wark	10010	ry, street, office bldg., e	tc.)			
		21. I certify	y that I toak charge	of the re	moins described ob	ove, hel	d on Autopsy	, Inspection	x, Inquiry	x, and	d in my opinior
		death result	ted from: Natural	causes -	XI. Accident ()	Suicio	de 🔲, Homicio	de 🔲 , Unde	ermined manne	r	
Ŏŧ.		ACTUAL	16	10	14. 10			AL EXAMINER			22 DATE SIGNED
		SIGNATURE	11	M	Jupa		_ m.o.	MEDICAL EXAMINER			22. DATE SIGNED
5		EXAMINER'S	Taha Vallas	M D	Discoudel	. Ma		eet, city, tawn, or a	_	0	-11-67
=	220	BURIAL, CREMATIC	John Kehoe, DN, 23b DATE THER	M.D.	Riverdale	TEDY OD C	DEMATORY		ON (City or Town)	(County	
		REMOVAL (Specify)	1						land, Mo	, ,	(31010)
		TYTAL FUNERAL DIRECTO	10-13-	190/	ADDRESS	111	Cemetery 250. RE	C'D BY REGISTRAR	2Sb. REGISTRA	AR'S SIGNATU	RE
			Home 300	4th	St. NE Wa	ash.		1 4 1967			
										0	0
								070 10 10 10	Care Care Care Care Care Care Care Care		

at schools are the second their thei 4 / / / To make the cold Edition . Last type of direction of ever of require Could be addressed to the could us we was the man as a second of the second of the - mosnobak . Kollika. 6, 212 47. 3 (a) P. (2) Market 1971 Long Hotel, .S. John Hotel A THE RESIDENCE OF THE PROPERTY OF THE LEASE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and sampletely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove extron papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after depth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 25M 1/67 12904

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12913

CERTIFICATE OF DEATH THERESA JACQUELINE ROCKS

_											
		ince George'	S	MAR	YLAND						
	P. CITY OF TOWN (If autside corporate limits, dejve neorest town)		c. LENGTH OF STAY 4 days	IN 1b	c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) Adelphi					
		ince George			tal	d. STREET ADDRESS 2607	Hughe	s Rd.			SIDENCE FARM?
	NAME OF DECEASED (Type or print)	First		Middle Girl		Rocks	4. DATE DF DEAT	H Sept	•	4	Year 9 67
S.	Female	6. CDLDR DR RACE Cauc.	7. MARRIED [WIDDWED [NEVER MARRIE DIVDRCE		8-31-67		9. AGE (In years lost birthdoy) yrs.	Months	Deys Hour	
10o dur	. USUAL OCCUPATION	N (Give kind of work dane life, even if retired)		O OF BUSINESS OR JSTRY		11. BIRTHPLACE (County Prince Ge	orge'		12. CIT COL	IZEN DF WHAT UNITY? S.A.	
13.	FATHER'S NAME					14. MDTHER'S MAIDEN	NAME				
1	John Rock		Jacquelin	e Sus	an Monge	m					
15.	WAS DECEASED EVE	NFORMANT	-100	Addr	955		College				
(10	NO.	(If yes give wor ar dates af	service)		Т.	ohn V. Ro	cke	2607 Huc	thes	Rd Ade	lnhi
	PART I. DEA Canditians, if any rise to immedial stoting the unde	te cause (a), Polying couse))	o), (b), ond (c).)	<u>a</u>	Ressul	the	7		INTERVAL E DNSET ANI	BETWEEN
ATION	PART II. DTHER SI	IGNIFICANT CONDITIONS CON		DEATH BUT NOT RE	LATED TD	THE TERMINAL DISEASE CD	NDITIDN GI	VEN IN PART 1(a)		19. WAS AI PERFOR	UTOPSY RMED? ND
CERTIFICATION		S UNDERLYING CAUSE DE DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY D	CCURRED.	(Enter nature of injury in	Port I or P	ort II of item IB.)			
MEDICAL	20c. TIME DF INJ Haur o.	0.7	20d. INJI While at work	URY OCCURRED Not While of work		CE DF INJURY (Home, formary, street, office bldg., etc.		(City or town)	(Cou	unty)	(Stote)
-		ify that (I) (shisstocspi eceased alive an	tat) attende			8-31 , t death accurred at	19 67			7 ., that (1) ne date stat	
	220. SIGNATURE		Perlo	2-	M.I	ATTENDING	MED. DIRECTOR	STAFF -	22b. DA	TE SIGNED	7
	22c. PHYSICIAM'S NAME (Type		kins,			22d. ADDRESS 6201 Rive	rdale	Rd., Riv	erdal	e, Md.	
	BURIAL, CREMATI	Sept 6.	1967	23c NAME DE CEN	METERY OR	aven Cincles	4 9		nory	(County)	(Stote)
3	Mineral director	With 254	Carral	ADDRESS A	VI	auli Pate 8	EP REGIS	6 1967 Bb. RI	EGISTRAR'S SI	IGNATURE Jus	yes .

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towns to appropriate	Surfered	Laur Hall E.	Trines Gerr
		nvot 2	via mano
	and all the store and	icalment issues a of	1050 504P*
Sout	Books William	Trio rdel	
	78-10-0		.ncan alama
	Prince George's.		
00.000	" man2 mallongsat		alipe# mir
40 14-6	73 IE-8	70 0-3	TOTAL TOTAL TOTAL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12914

		CERTIF	CATE OF DEATH		2.2
1. PLACE OF o. COUNTY				here deceosed lived, if institution:	Residence before odmission)
O. COUNTY	Prince George	es MARY	LAND O. STATE Distri	ct of Columbia	0
	TOWN (If outside corporate limit URAL and give nearest town)	c. LENGTH OF STAY I	c. CITY OR TOWN (If out:	side corporote limits, write RURAL o	nd give neorest town)
	ral (Glenn Dale	9 mo. 27	days Washin	gton	473
d. NAME O		ot in hospitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Gl	enn Dale Hospit	al	5325 C	hillum Place, N	
3. NAME OF DECEASED (Type or p	Fi	rst Middle ter H.	lost Ross	4. DATE Month OF DEATH September	Day Year
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED		9. AGE (In years IF I	UNDER I YEAR IF UNDER 24 HRS.
male	Negro	WIDOWED DIVORCED	□ 0ct.16,188	lost birthdoy) Mo 1 85 yrs.	onths Doys Hours Min.
1Do. USUAL OC	CUPATION (Give kind of work done working life, even if retired)	1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Washington	Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S			14. MOTHER'S MAIDEN NA		0.5.4.
	Timber or m		Unknown		
1S. WAS DEC	Unknown ASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Address	
(Yes, no, or un	known) (If yes give wor or dotes of		2 0 0	Hospitak Washi	
Condition rise to in stoting t last.	IMMEDIATE CAUSE DUE is, if ony, which gove inmediate couse (o), he underlying couse OTHER SIGNIFICANT CONDITIONS C CETEBROVASCU Lai	(b) Generalized ar ONTRIBUTING TO DEATH BUT NOT REL	teriosclerosis	DITION GIVEN IN PART 1(0)	unknown unknown 19. WAS AUTOPSY PERFORMED?
3	DENT WAS UNDERLYING		CURRED. (Enter noture of injury in Po	ort I or Port II of item 18.)	YES 🔼 NO
	RIBUTING CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER)		,,		
20c. TIM	E OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	20d. INJURY OCCURRED While Not While of work	20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)	2Df. (City or town)	(County) (State)
saw	the deceased alive an_	pital) attended the deceased 9/22 19 67, c	from $11/25$, 19 and that death accurred at 9	25 M, from causes and	
22o. SIC	Wire	Hen	M.D. PHYS.	AFD STAFF	Sept.22, 1967
	ysician's ME (Type) Moe Wei	.ss, M.D.	Glenn Dale	Hospital, Glen	n Dale, Md.
230. BURIAL,	CREMATION, 23b. DATE TH	EREOF 23c. NAME OF CEME	TERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
Bur	(Specify) 19/27		Memorial Par	k Maryland	
[24. AUSTRAL	DIRECTOR	ADDRESS	2SO REC'D	BY REGISTRAR 25b. REGISTE	PAR'S SIGNATURE 12 16 16

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12915

FOR S	TATE		16300	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	
HEALTH	DEET.		LACE OF DEATH		2. USUAL RESIDENCE (W	here deceosed lived, if institution	
delay is and 3 to A3. Page	[INI		Prince George's	MARYLAND	Maryland	Prince	George 's
d 3	the State Department		CITY OR TOWN (11 outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	tside corporate limits, write RURA	L ond give neorest town)
any delo	Ę		Greenbelt	30 YRS	Greenbelt		(6,1
2,2	еро		NAME OF HOSPITAL OR INSTITUTION (If not i	in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
es 1, farm	00 =		6 L Ridge Road		16 L Ridg	e Road	YES NO SE
Give Pages 1,	stat		IAME OF First	Middle	Lost	4 DATE Month	Doy Year
death e Pag with	9		PECEASED Type or print) Tester	Michael	Sanders	OF DEATH 9	27 19 67
after 8. Give along	grange .	S.	The state of the s		8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
0 00	13 m	3.5		WIDOWED DIVORCED .	17 Tone 1004		Months Doys Hours Min.
24 hours in Item 1 r's Office	and 2 with		Ale White USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	17 June 1906		12. CITIZEN OF WHAT
of the	(1)	duri	ng most of working life, even if retired)	4.5 GOVT	Missoul		COUNTRY?
l in er's	ges l after	13	NTRACT SPECIALEST	4.3 600	14. MOTHER'S MAIDEN N		1 4.7.14.
within 2 n pencil i Examiner	File pages haurs aft	4	PANIEL SANDER	RS		E JOHES	
Exa wi	t. File 72 ho		WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Address	16-LRIDGE RD
executed anding" in Medical E	permit. within 72	(Y e	no, or unknown) (II yes give wor or dotes of s	service)	ARIE SAND		EENBELT, MP
ding	permit		Man mall	10.1.5	77772 377 1	G/A	INTERVAL BETWEEN
d be executed d 'pending' i Chief Medical	sit t		18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
d b	burial-transit any event			Heart failure		•	
shauld e word a the C	urial-1		Conditions if any which agus >	O Hypertensive cardio	o vascular d	1sease	over 5 yrs.
o e	bur in a		rise to immediate couse (a),				
	0		storing the underlying couse				
certificate , writing th farwarded t					THE TERMINAL DISEASE CON	DITION CIVEN IN DART 1/-	19. WAS AUTOPSY
Wr.	be used removal,	NO		NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART I(d)	PERFORMED?
This ficate, be fa	em 2	CERTIFICATION	Diabetes mellitus . 200. EXTERNAL CAUSE WAS	- over 10 years 20b. DESCRIBE HOW INJURY OCCURRED.	/F	2 . 1 . 2 . 11 . 12 . 10 .	YES NO X
E 0	or r	ERTIE	PRIMARY or CONTRIBUTING	206, DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in r	rort I or Port II of Item 18.)	
certifi certifi			CAUSE OF DEATH.	Loo Luuliny occupato	or intimy (ii	1 001 (6)	(Causas) (Ca-a-)
AMINER: e the cert e 4 shaul	e 3	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		CE OF INJURY (Home, form, tory, street, office bldg., etc.)		(County) (Stote)
XA ute ge	yaur tiles Page 3 sh crematian,	2	p.m _t 19	ot work ot work			
AL EXA execute ir. Page	= 22 -			of the remoins described obove, he		personal and the	ry 🔀 , and in my opinion
	ECTOR Burial		deoth resulted from: Notural	rouses 🗷 , Accident 🗌 , Suid		Undetermined mo	nner 🔲
MELT please direct	pirained DIRECT ta bur		ACTUAL	18 1	CHIEF MEDICAL		22. DATE SIGNED
_ =	RAL I		SIGNATURE	purp.	- IVI. U.	ICAL EXAMINER	EL. DIVIE STOTIES
DEPUTY necessary, lithe funeral	111		EXAMINER'S NAME (Type) John Kehoe, M	M.D. Riverdale, Md		L EXAMINER bc., city, town, or county)	9-28-67
DEI cess	Set and	220	BURIAL, CREMATION, 23b. DATE THER			23d. LOCATION (City or Town	
TO D	S EN	230	REMOVAL (Specify)			BLADENS BOA	
	M	24	BURINE SEPT-39	0,1967 FT. LINCOLA	250 REC'D		ISTRAR'S SIGNATURE
VR A	15MB (5)			CO RIVERDALE	4.0		
3111		u	.W. CHAMBERS	Ca MINERONALE	DATE OC.	T 2 1967 gc	liantes Judge
						U	// //

PIRE all section of the Court THE THOUGHT WINDOW BOSOLES With Roll ESTELLE LAYER 48 438 3 5 5 WAS I THE RELIEVE TO BE STANKED BEAUTY OF THE TENNER OF THE PARTY. 5859) H. O. Errey Bler v. A. Superference THE REAL PROPERTY. The state of the s which the transfer of the contract of the cont 12907

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12916

IF UNDER 24 HRS. Haurs

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

ond in my opinion

22. DATE SIGNED

NO IN

(State)

TOR STATE	MEDICAL EXAMINER 5 CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
e e o	o. COUNTY d. STATE b. COUNTY
3 4	Prince George's MARYLAND New York
y deloy i , and 3 t PM3. Pog artment o	b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
y d	Cheverly 4 days New York
2,2, Pp	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDEN
form form 74	ON A FAR
for the arter	Prince George General Hospital 153 Delancy Street
fer death. If any deloy is Give Poges 1, 2, and 3 to ang with form PM3. Poge the State Department of	3. NAME OF First Middle Lost 4. DATE Month Day Year DECEASED
the d	(Type or print) Herbert (HERIBERTO) Santiago DEATH 9 21 19 6
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years I FUNDER I YEAR I FUNDER 24
0 00 0	last birthday) Manths Days Haurs
hours ofter tem 18. Gi Office alon and 2 with	
	1Db. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 2
	during most of working life, even if retired) INDUSTRY PUERTO RICO COUNTRY 2 U.S. A
iii iii ii i	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
I within 24 n pencil in Examiner's File pages Phours offe	FRANCISCO SANTIAGO UNKOWN
Exo Exo	
al Es	(Yes no acunknown) (If yes give war or dates of service)
executed nding" ir Medical I permit.	(Yes, no at unknown) (It yes give war at dates of service) 115-22-1720 MRS. ROSA SANTIAGO NEW YORK N.Y
e executed pending" ir of Medical I sit permit.	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWE
be iief	PART 1. DEATH WAS CAUSED BY: ONSET AND DEA ONSET AND DEA
_ U =	
wor the rial-1	DUE TO
e should the word to the C t burial-tr in ony ev	Conditions, if ony, which gave (b)
٠	stating the underlying couse DUE TO
ficot fing rded os q ond	last. (c)
vertificate writing the rworded to seed os a look vol, and in	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS
	N PERFORMED
This icate, be for the formor remo	PERFORMED YES NO NO PERFORMED YES NO OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) PERFORMED YES NO OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.)
fica fica d b	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.)
INER: 1 e certific should b files. 3 should tion, or r	
NE CO	CAUSE OF DEATH. Fell and struck head during epileptic seizure. 20c. TIME OF INJURY Manth, Day, Year Hour a.m. While Not While Not While Control of County, Street, office bldg., etc.) CAUSE OF DEATH. Fell and struck head during epileptic seizure. (Caunty) (Storage of County) (Storage of County) (County) (Storage of County)
M the	Hour a.m. While Not While factory, street, office bldg, etc.)
EXAMINER: ute the cert age 4 should your files. Poge 3 shou cremotion, o	1 30ampm 9-1/- 767 dtwork 2 2/13 Vermont Ave Landover Md
AL E	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my op
AI to I to	deoth resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined monner
Se street of the part of the p	CHIEF MEDICAL EXAMINER
MtDr pleose direct etoine DIREC r to bu	ACTIVAL CO. DAYS CO.
7 2 3 9	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER
Ssory, funeroll by be In Prior	EXAMINER'S John Kenoe, M.D. Riverdale, Md. DEPUTY MEDICAL EXAMINER S. 9-22-67
	NAME (Type) VOITE Metroes, F1-D's INCLUDED Address (Street, city, tawn, ar county)
o D D The S m	230. BURIAL CREMATION, 36b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stot
5 g t 2 5 H	BURGAL SPECIFY 19-25-67 ST-RAYMONDS CEM BRONX NY
	24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
VR A15ME (5)	and a company of the state of t
6M 1/67	W.W. Clambra & Keverdale Md. DATESEP 25 1901 June 1901

No National Control of the Control o Charles and the Control of the Contr Secreta Secreta Secretaria Legislation Secretaria Secretaria onaldum (177) Continu All London 0.2 53.8 JAN. FRANCISCO SKY DAGS WEEKING CHANGE ACCOUNTS STY. 20. DEX 1, b The state of the s The state of the s 그러워 가장에는 내려가 다시는 아이를 가장하는 것이 되었다. 12908

CERTIFICATE OF DEATH

12917

a. COUNTY Prince G			MARYLAND	2. USUAL RESIDENCE a. STATE Maryland	(Where deceased	b. COUI	ion: Residend NTY ICE Ge			on)
b. CITY OR TOWN	(If autside corporate limits, and give nearest town)		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporote l	limits, write RUI	RAL and give	neorest	tawn)	,
d. NAME OF HOS	PITAL OR INSTITUTION (If not Georges General	1 , 4	ive street oddress)	d. STREET ADDRESS					ON A F	
3. NAME OF DECEASED (Type or print)	First Ch:	arity	Middle Elizabeth	Lost	4. DATE OF DEATH	Mont	tembe	Day	Yes	
S. SEX		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		GE (In years	IF UNDER 1		IF UNDER	
Female	Colored	WIDOWED		7/4/1888	lo	79 yrs.	Manths	Days	Haurs	Min.
10a. USUAL OCCUPATI during mast of warki	ON (Give kind af work doneing life, even if retired)		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (COUNT)		1 1		IZEN OF UNTRY?	WHAT	
13. FATHER'S NAME	tos Bran	K <		14. MOTHER'S MAIDEN	NAME BOIL	their				
	VER IN U.S. ARMED FORCES? (If yes give war ar dates af	service) 16. S		INFORMANT Prs. Marie	Dougla	Addre Ha	1495 CL	2	nd.	, A
	DEATH (Enter only one couse EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Ca	The state of the s					INTE	RVAL BET SET AND D	
	ny, which gove at a cause (a), Berlying couse)						2	7 da	ys
PART II. OTHER) (0		O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE C	ONDITION GIVEN II	N PART I(a)		19. YE	WAS AUTO PERFORM	OPSY IED? NO
OR CONTRIBUTION (IF FITHER, NOT)	/AS UNDERLYING ☐ NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY OCCURRED.	(Enter nature af injury i	n Part I or Part II	of item 1B.)				
20c. TIME OF I	NJURY Month, Day, Year	20d. IN While of work	Nat While fac	ACE OF INJURY (Home, fo tary, street, office bldg., et		ity or town)	(Cau	intγ)	((Stote)
21. I cer saw the	21. I certify that *() (this hospital) attended the deceased fram August 25, 1967, to Sept. 11, 1967, that *() (we) lo saw the deceased alive an Sept. 11, 1967, and that death occurred at 1:40PM, from causes and an the date stated above									
220 SIGNATUR	hich	m	M	D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DA		2.196	57
22c. PHYSICIAI NAME (Ty		Holme:		Prince Ge	eorges_G	eneral	Hospt	al		
23a. BURIAL, CREMA REMOVAL (Spec	187 - 8 - 1	6,1967		5. Cemetery	aque	, ,	2. Te	c.	m	tate)
24. FUNERAL DIRECT	TOR Alam	11/	Paulas Co. 71	nd DATE	SEP 2 1	1967 RE	GISTRAR'S SI		Jud	ge_

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Dord director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages Land 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours of Page 4 moy be retained by the hospital or ottending physicion.

VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEPTIFICATE OF DEATH

19010

160			CLKIIII	CAIL	OF DEATH			J. 16 .	10		
PLACE OF DEATH o. COUNTY	PRINCE GEOR		MARYLA		2. USUAL RESIDENCE o. STATMARYL	AND	b. COU	INTYPR.	GEO	•	in)
CLINION	(If outside corparate limits, nd give nearest tawn)		ength of stay in 9-26to9-2		C CITY OR TOWN (IF	outside corpo	prote limits, write RU ARYLAND	JRAL and giv	e neares	1 town)	
	ITAL OR INSTITUTION (IF not				d. STREET ADDRESS 5265 Sh	ago D	rive			e. IS RESID ON A FA	DENCE ARM? NO 2
3. NAME OF DECEASED (Type or print)	THOMAS	N.	Middle SHE	ERIFE	Last	4. DATE OF DEAT	09	ith	29	Yec	67
s. sex male	6. COLOR OR RACE white	7. MARRIED WIDOWED X	NEVER MARRIED DIVORCED		DATE OF BIRTH		9. AGE (In years birthday) yrs.	IF UNDER Months	1 YEAR Days	Hours	Min.
10o. USUAL OCCUPATION during most of working Blacks m	ON (Give kind of wark done g life, even if retired)	10b. KIND OF INDUSTR	BUSINESS OR Ymechanic	C	11. BIRTHPLACE (Count Oxon Hi				TIZEN OF		
13. FATHER'S NAME	E. Sheriff				14. MOTHER'S MAIDEN Martha H						
1S. WAS DECEASED EV (Yes, no, or unknown	/ER IN U.S. ARMED FORCES?) (If yes give wor or dates of	service) 16. SOCIAL	SECURITY NO.		FORMANT ne View Be	rdens	Addr Health C		ente	27	
Canditians, if an rise ta immedia stating the und	ate cause (a), DUE 1	b) _ (12)	rem	ca	A of R						
PART II. OTHER	SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEA	TH BUT NOT RELAT	TED TO TH	E TERMINAL DISEASE (ONDITION GI	VEN IN PART I(a)			WAS AUTO PERFORMI	PSY ED? NO
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU	URRED. (E	nter noture af injury i	n Port I or P	ort II af item 1B.)		13		
Hour, c	JURY Manth, Day, Year J.m. 19	20d. INJURY While of wark	OCCURRED 2 Not While at wark		OF INJURY (Hame, fa y, street, office bldg., et		. (City ar tawn)	(Co	ounty)	(State)
saw the	r ify that (1) (this hasp deceased alive an <i>9</i>		he deceased fr	am_G	deoth occurred o	1967	ta 9 2 M, from couses	9/19 and on t	he date	at (1) (v e stated	ve) lo:
220. SIGNATURI	19 Sa	Ligh	in	M.D.	111101	MED. DIRECTOR	STAFF PHYS.		ATE SIGNI	7/6	>
A2c. PHYSICIAN NAME (Typ		SADE	HIAN	M.C	22d. ADDRESS 4	Lock	WOOD	di s	SILVE	ERSF	RG
23a. BURIAL, CREMAT REMOVAL (Speci Burial	10N, 23b. DATE THEF (y) Oct. 2-1		. NAME OF CEMETE edar Hil.		metery	S	LOCATION (City or To uitland,		(County)) (Si	tate)
24 FUNERAL DIRECT	OR Bios (ADDRESS V	Wash.	DC 2So. REG	T 9		EGISTRAR'S			

vaithin 72 haurs after deoth. uneral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in director, page 3 should be detached for use os the burial-transit permit. Then please remove corpan papers. Should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in day event within 72 h Page 4 moy be retained by the hospitol or attending physician.

VR A15 (4) 25M 1/67

The standing and the second of MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item #3 Film #G393 CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence be o. STATE b. COUNTY

Cardon Ser			
neral and death		PLACE OF DEATH)	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
uneral l and r deat	0	O. COUNTY COUNTY MARYLAND	o. STATE D. COUNTY P
by the furs. Pages 1 hours after	ŀ	c. CITY OR TOWN (If outside corporate lights,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearlyst town)
y the f Pages urs afte		write RURAL god give neorest town	Laurel (111)
by P Doug		pauret	L CYPET ADDRESS
ers 72 h	(d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
paper paper thin 72		8/8 8th It	818 8 th St YES NO N
T - E		NAME OF First GUY Middle	Lost 4. DATE Month Doy Year
campletely ove carbary event, w		Type or print) EDEAR WIL SH	IVER DEATH SLEET 28 1967
ven	5. 5		8. DATE OF BIRTH 9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS.
and campletel remove carb		WIDOWED DIVORCED DI	9/24/1903 Gar birthdoy) Months Doys Hours Min.
an and constant	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11/ BIRTHPLACE (County & Stote_or foreign country) 12. CITIZEN OF WHAT
physician and en please ren oval, andie	duri	ng most of working life, even if retired) INDUSTRY	tillacities (c) (las es country?
000	12	FATHER'S NAME OF THE STATE OF T	14. MOTHER'S MAIDEN HAME
by the attending phys transit permit. Then p crematian, or removal,	13.	PATRICKS NAME	1. montes magnificant
The		William (Ahener	Mela Jarahan
din re		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18. no, or unknown) (If yes give wor or dotes of service)	INFORMANT Address
rmi rmi , or	(10	253-12-7/69/1	Us Coleran Shiner - Chane
pe al		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN
signed by the burial-transit burial, cremat		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	and Marktion , ONSET AND DEATH
by cre		420 / DUE TO	1100
signed burial-1 burial,		Conditions, if any, which gave) (b)	are buil hiscar
sign bur bur		rise to immediate couse (a),	
		stoting the underlying couse (c) Yullurum ?	malin Egge
been Is the riar ta		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
icate has been far use as the Health prior to	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO	PERFORMED?
a se s	CATION		YES NO
certificate the far upt. af Heal	CERTIFI	206. ACCIDENT WAS UNDERLYING \(\) 205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)
t. a		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
this detack	MEDICAL		CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
te e e	ME	Hour o.m. D.m. 19 While Not While of work of work	tory, street, office bldg., etc.)
of the this certification of the certification of t	12	21. I certify that (I) (this haspital) attended the deceased fram_	1960_ 19 to 128 , 1961, that (1) (we) last
3 77 00		saw the deceased alive on 9 28 1861, and tha	it death accurred al & D. M. fram causes and an the date stated above.
5 P +		22o. SIGNATURE	22% DATE SIGNED
% × × × × × × × × × × × × × × × × × × ×		M. Court midle String	D. PHYS. DIRECTOR DIRECTOR PHYS. DIPLOM 18
		There the state of	and annues
P be t		NAME (Type) ROBERT C. WINGFIELD, M.D.	PRINCE GEORGE STREET
TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	-00	PHOTAL COCKATION AND DATE THEOLOG AND AND OF CONTESTION OF	CREMAJORY 23d. LOCATION (City or Town) (County); (Stote)
De per ne	230	BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMAJORY 23d. LOCATION (City or Town) (County) (Stote)
5 P P		Juni 19 - 2-61 Paul	/ Will com program as not programs confirmer
VR A15 (4)	24	FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) . 20 M 1/66	1	Vell II Allandeder Paris	MA DATE OCT 2 1967 Icharles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 naurs after death. Page 4 may be retained by the haspital ar attending physician.

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the state of the second of A CONTRACTOR OF THE STATE OF TH THREET C TESTER WELL STEEL STEEL STEEL The statement of the first the state of Edward war in the state Marine W. Mc bankand T. Command M. W. Command From Supi Willy Warted It Comery in wood, Or the to The THE LEGISLA DE SON DE STANDE STANDARD S

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove capan papers. Page 1 and should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 12 hours after each Poge 4 moy be retained by the hospitol or ottending physicion. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

	12912	CERTIFICATE	OF DEATH		12921
1.	PLACE OF DEATH o. COUNTY Prince George	MARYLAND	o. STATE	Where deceosed lived, if institution b. COUNT of Columbia	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	Washingto	tside corporate limits, write RURA	47.3
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, gi Sacred Heart Home, 5805 Qu		d. STREET ADDRESS 1. 3200 161	th Street, N.W.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF First DECEASED (Type or print) Julia	Middle R.	lost Sikken	4. DATE Month OF DEATHS eptembe	1-
S.	female 6. COLOR OR RACE 7. MARRIED female white widowed		DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
dur	ing most of working life, even if retired) INC	ID OF BUSINESS OR DUSTRY	Washingto		12. CITIZEN OF WHAT COUNTRY? United States
13.	FATHER'S NAME Melvin P. Sikker	i	14. MOTHER'S MAIDEN N	Alice E. F	lynn
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dates of service)		FORMANT red Heart H	Addres Ome, Hyattsvil	S
	IB. CAUSE OF OEATH (Enter only one couse per line for (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last.	Dialet rteriosc	es me	lure llitus	INTERVAL BERWEEN ONSET AND DEATH SIMPS,
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO	oma breas	1+5		19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW IMIÚRY OCCURRED. (I			
MEDICAL	Hour o.m. While p.m. 19 of work	Not While of focto	E OF INJURY (Home, form ry, street, office bldg., etc.)	100 0710	(County) (Stote)
	21. I certify that (I) (this hospital) attend saw the deceased olive on 477		death accurred of	MEO. STAFF	nd on the date stated above
	22c. PHYSICIAN'S E.H. A.SCher	bach, M.D.		CO/. Rd,	V.W. D.C. 2000
-	D. BURIAL, CREMATION, 23b. DATE THEREOF SEMOVAL (Specify) 2-13-67	23c. NAME OF CEMETERY OR C	CEMETERY	23d. LOCATION (City or Tow WASHING 7	ON, D.C.
2	1. FUNERAL OIRECTOR Coelins	ADORESS WA	SH 250. REC'D	BY REGISTRAR 967 25b. REG	ISTRAR'S SIGNATURE

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District on solution	Committee (Page 2017 2012)
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12913

CERTIFICATE OF DEATH

12922

	020			CEKIII	ICAIL	OF DEATH						
1. PLACE OF						2. USUAL RESIDENCE	(Where dece			ce befor	re odmissi	on)
o. COUNTY	Pri	ince Georg	es	MARY	(LAND	o. STATE) . C .	b. COU	INTY			
b. CITY OR	TOWN (If	outside corporate limit	is.	c. LENGTH OF STAY I		c. CITY OR TOWN (If		orate limits, write RU	IRAL ond give	e neares	st town)	
Gler.	ural and in Da	le (rural)		1 yr 1½	mos.	Washing			- (17	2	
		OR INSTITUTION (If n				d. STREET ADDRESS	,			1	e IS RESI	DENCE
enn	Dale	Hospital	, Glen	n Dale, Md.		2231 Or	tario	Rd. N.W.			ON A F.	
IAME OF		F	irst	Middle		Lost	4. DATE		ıth	Dov	-	-
Type or p		He	ctor			Simon	OF DEAT	0		2		67
SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	N X	8. DATE OF BIRTH	DEAL	9. AGE (In years	IF UNDER		IF UNDER	
Male		Negro	WIDOWED			6/30/1930		lost birthdoy)	Months	Doys	Hours	M
		Give kind of work done	1	IND OF BUSINESS OR		11. BIRTHPLACE (Coun	tv & Stote, or		12. (1)	TIZEN OF	F WHAT	_
ing most of	f working lif	e, even if retired) Engineer		NDUSTRY Unknown		South C				UNTRY?		
FATHER'S		"FILEGI		UNRIOWII		14. MOTHER'S MAIDE		па		JOH	-	-
17114	ott S	limon				Carrie	C Mo	000				
. WAS DEC	EASED EVER	IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. 1	NFORMANT	C. PIO	Addr	ess			
es, no, or ur No	nknown) (I	f yes give wor or dotes	of service)	249-46-5677		Decedent						
nise to in	ns, if ony, v nmediote the underly	couse (o), ((b) 10 (c)	when o	ung	yema+ Br	rank	nis	psin	15	thu	2
PART II.	OTHER SIGN	NIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT REL	ATED TO	THE TERMINAL DISEASE O	ONDITION GI	IVEN IN PART 1(a)		19.	WAS AUT	
Rig	htup	er lobect	omy, 7	/27/67; rt	. the	racoplasty	, 8/3	1/67		Y	ES TO	NO
OR CONT	RIBUTING [INDERLYING CAUSE OF DEATH EDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY O	CCURRED.	(Enter noture of injury i	n Port 1 or P	Port II of item 18.)				
2Dc. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 2Dd. INJURY OCCURRED OF INJURY (Home, farm, foctory, street, office bldg., etc.) 2Df. (City or town) (County) (Stote)												
21. I certify that (X) (this haspital) attended the deceased fram 6/1//66 , 19 67, to 9/2 , 19 67, that (X) (we) la saw the deceased alive on 9/2/ 19 67, and that death accurred at 10:45PMram causes and on the date stated above												
22o. SIC	GNATURE	lleve	Wer	n	M.D		MED. DIRECTOR		9/	ATE SIGN $12/6$		
	YSICIAN'S ME (Type)	Moe W	eiss, N	1 D.		22d. ADDRESS		n Dale Ho n Dale, M	-	-		
	AL (Specify)	23b. DATE TH	7-67	23c. NAME OF CEME	my/	mentaly	4	Pundon (City or To	0. 1	County		itote
24 FUNERA	DIRECTOR	1000	aripto	ADDRESS	2	25d/ RE	SEP REFT	3 1967 Sb. R	FORTION'S	IGNATUR	Ryndy	26

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Deat of Health prior to burial cremation are remayed and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item#2d Film #G393 1071177 DEATH

12914

12923

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by me-foreing director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aftered Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before o. STATE	e admission)
	ince Georges	MARYLAND		
b. CITY OR TOWN	(If outside corparate limits, d give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares	fawn)
Ch	everly	14 days	Greenbelt	1191
d. NAME OF HOSPI	TAL OR INSTITUTION (If nat in	hospital, give street address)	dol utiti ofac	e. IS RESIDENCE ON A FARM?
Prince	Georges Gene	ral Hospital	Greenbelt Conv Home	YES NO
3. NAME OF DECEASED (Type or print)	First Elizabe	Middle	Last 4. DAYE Manth Day OF DEATH	Year 19
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years P IF UNDER PYPER	IF UNDER 24 HRS.
Female	White	WIDOWED DIVORCED	16 July 1882 (ast birthday) Manths Days	Hours Min.
during most of working	N (Give kind af work dane life, even if retired) USEWITE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Caunty & State, or foreign cauntry) New York 12. CITIZEN OF COUNTRY?	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
	Dennis She	ehan	Elizabeth Gilligan	
IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT Address	Md.
(res, no ar unknawn)	(If yes give wor or dates of se	218-54-9708JL E1	izabeth Klem - 4-D Hillside Rd, Gre	eenbelt,
18. CAUSE OF D PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	per line for (a), (b), and (c).) aster o ~ clerot	hear disean & recur ON	ERVAL BETWEEN SET AND DEATH
Conditions, if any rise to immedia	te cause (a), DUF TO	muyear Chal n	fart. à abrid flutter	west
stoting the under	(c)	Cerebro vas culo	- accident Olie ties boli 2	4 hours
PART II. OTHER S			THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	WAS AUTOPSY PERFORMED?
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I ar Part II af item 18.)	
曼 Hour'a.	URY Manth, Doy, Year m. 19		ACE OF INJURY (Home, form, ctary, street, office bldg., etc.)	(Stote)
	fy that (1) (this haspite eceased alive an	al) attended the deceased from for 1967, and tha	of 16k , 196 , to 16 , 196 , the date of t	at (1) (we) las
22a. SIGNATURE	Tic ger	/ Cler - M.	D. PHYS. MED. STAFF 22b. DATE SIGN.	
22c. PHYSICIAN'S NAME (Type		mann, M.D.	Greenbelt, Maryland	
230. BURIAL, CREMATI		OF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (County	(State)
REMOVAL (Specify				N.Y.
24. FUNERAL DIRECTO		ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR	RE
F. Gasch 8	Sons	Hyattsville, Md.	DATE OFT & 1967 Octions a	· Unage

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	un. Perel . London	, H. H.	m ways a Life I	
A segment	ter steel her ser	usa Ings - The	104-6.	
	name Line 14 - A	.b. ,alli-	rayle to not a	deser a

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12915

CERTIFICATE OF DEATH

12924

	OF DEATH						(Where deceosed lived, if institut		re odmission)
o. COU	Prir	ce George	1s	MARYLA	ND O. ST	. Ma	ryland b. COU	Prince	George's
b. CITY	OR TOWN (I	outside corporate limi		c. LENGTH OF STAY IN	11		utside carparote limits, write RU		
writ	te RURAL and	give nearest town) rerly		3 days		Hyatts			1/
d NAM		L OR INSTITUTION (If r	not in hospital	1	4 CIDES	T ADDRESS	ATTIE		e. IS RESIDENCE
u. Ithir							***		ON A FARM?
				eral Hospita			amilton St.		YES NOWER
3. NAME DECEA			First	Middle		ost	4. DATE Mon	th Do	y Year
(Type o	or print)		arolyn		Smi		DEATH Sep		19 67
S. SEX		6. COLOR OR RACE	7. MARRIEL	NEVER MARRIED	B. DATE OF	BIRTH	9. AGE (In years lost birthday)	Months Dovs	Hours Min.
Fe	male	White	WIDOWE	DIVORCED	□ Marc	h 23,		monnis boys	min.
IOo. USUAI	LOCCUPATION	(Give kind of work done		KIND OF BUSINESS OR	11. BIRT	HPLACE (County	& Stote, or foreign country)	12. CITIZEN O	
during mos	st of working	te even if retired)	l l	MATIE		Ohio		COUNTRY	S A
13. FATHE	ER'S NAME				14. MOT	HER'S MAIDEN	NAME		
		Ralph O	Flicki	nger		Carı	rie Montgomery		
IS WAS I	DECEASED EVE	IN U.S. ARMED FORCES	2 1/	S. SOCIAL SECURITY NO.	17. INFORMAN		Addre	229	
(Yes, no, o	or unknown)	If yes give wor or dotes	f . 1	79 28 7721	Edward				
n					Edward	DINI CI	n nyacesvill		
1B. C	CAUSE OF DE	ATH (Enter only one co	ouse per line	or (o), (b), ond (c).)	O A		-		TERVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	F (a)	servera	uzed	pe	white	3	NSET AND DEATH
3	705		E TO		-	0			
Condi	itions, if ony,			white	ral.	سالم	atrus to	in	
rise t	o immediate	couse (o), ((b)		A .	-	- 10		
	ng the under	ying couse	/ (3	annan	- en	res	frial,	01:00	
lost.		,	(c)			200	Jana-	110	Wis Himoney
PART	II. OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO THE TERMIN	AL DISEASE CO	INDITION GIVEN IN PART I(a)	19	WAS AUTOPSY PERFORMED?
200. A 0R CO								,	YES NO
= 20o. A		UNDERLYING	20b. l	DESCRIBE HOW INJURY OCCU	JRRED. (Enter notu	re of injury in	Port I or Port II of item 1B.)		XX
		CAUSE OF DEATH MEDICAL EXAMINER)							
2		RY Month, Doy, Yeor	20d.	INJURY OCCURRED 2	De. PLACE OF INJU	RY (Home, form	m, 20f. (City or town)	(County)	(Stote)
MED.	Hour o.m	. 10	Whi	le Not While	factory, street,			, , , , ,	
	p.m		OLM	ork LJ of work LJ	Dec. 8		10 & W. Cont. O	167	
			affe	nded the deceased fr	am_	15	19 6 9 ta Sept. 2	, 1907,	hat (I) (we) las
-		ceased alive an_	7	14 6 , an	d that death	ccurred at	2:20PM, fram causes		
220.	SIGNATURE	. 0	1 (7	ATTEN	DING -	MED. STAFF	22b. DATE SIG	NED
		24/	9	own	M.D. PHYS.	LX	DIRECTOR L PHYS. L	1-2	-6/
22с.	PHYSICIAN'S	N	D	- 1 1 - 0	22d	ADDRESS 5 0 3	DERRY S	57	
	NAME (Type)		17.6	AMERI	NO	3 43	1		
00 01101	(-76-7	00,0	<u> </u>					1700	NING
230. BURI	IAL, CREMATIO	N, 23b. DATE TH		23c. NAME OF CEMETE			23d. LOCATION (City or To	(Count	y) (Stote)
230. BURI	IAL, CREMATIO		HEREOF	23c. NAME OF CEMETE		1	23d. LOCATION (City or To Suitland Pr		y) (Stote)
BEM	IAL, CREMATIO OVAL (Specify)	Sept 5	HEREOF	23c. NAME OF CEMETE Washington	RY OR CREMATOR	al	Suitland Pr	o Geo 1	id.
Bu	IAL, CREMATIO OVAL (Specify) FIAL ERAL DIRECTOR	Sept 5	HEREOF , 1967	23c. NAME OF CEMETE	RY OR CREMATOR Nation	al	Suitland Pr		id.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the fureral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 octors, should be filed with the Stote Dept. of Health prior to burial, cremation, or removal, and in any glock-within 72 hours ofter death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires thot the death certificate be executed within 24 hours ofter deat Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-		12916			CERTIF	ICATE	OF DEATH				29	
	a. COU	OF DEATH NTY Prince	e Georges		MAR'	YLAND	2. USUAL RESIDENCE (Where deced	ised lived, if institu b. COU		e before	odmission)
10	b. CITY	OR TOWN (If out RURAL and give	side carparate limit	5,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If au	ıtside carpar	ate limits, write RU	RAL and give	nearest	tawn)
	Gle	nn Dale	(rural)		673 days	3	Washingt	on			4	7.3
	d. NAM	OF HOSPITAL OF	NSTITUTION (If no	ot in haspital,	give street address)	- 1	d. STREET ADDRESS					ON A FARM?
0/1			Hespita				D.C.Vill	age			1	res No 🛚
3	NAME DECEAS	ED		rst	Middle		Last	4. DATE	Man		Doy	Year
	(Type o	r print)	Mad:	-	ATTA MENTA MADDIES		Smith B. DATE OF BIRTH	DEATH	Septer 9. AGE (In years	IF UNDER 1	28	19 67 IF UNDER 24 HRS
	Mal	e	Negro	WIDOWED	DIVORCE		10-26-1908		lost birthday) 58 yrs.	Months	Days	Haurs Min.
1	luring mas	OCCUPATION (Give t af warking life, e 11 Hop	e kind of wark dane ven if retired)	1Db. KI	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County North Car		oreign country)		IZEN OF JNTRY?	WHAT JSA
	13. FATHE	R'S NAME					14. MOTHER'S MAIDEN Mattie S		liand			
-	IS. WAST	ECEASED EVER IN L	LS ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. 1	NFORMANT	. HII	Addr	ess		
	Yes, na, o	s (If ye	s give wor or dates (944–45	24	4-12-4005	D	ecedent					
	18. 0	AUSE OF DEATH PART I. DEATH W.	(Enter anly ane cau AS CAUSED BY: IMMEDIATE CAUSE	Pe		erebr	ovascular a	ccide	nt			RVAL BETWEEN
	Condi	ians, if any, which	DUE	TO			1			72.		A-140
	rise to	immediote cou g the underlying	ise (a), (. ,	erebral art	cerlo	sclerosis				uni	known
	last.						riosclerosi					cnown
1 Controller	PART Pul	ii. Other signifi .monary	cant conditions of tubercula	ONTRIBUTING	O DEATH BUT NOT REL	ATED TO 1	HE TERMINAL DISEASE COI	NDITION GIV	EN IN PART 1(a)			WAS AUTOPSY PERFORMED?
112	20a. A OR CO	CCIDENT WAS UND NTRIBUTING () CA HER, NOTIFY MEDIC	USE OF DEATH	20b. DE	SCRIBE HOW INJURY O	CCURRED.	Enter nature af injury in	Part I ar Pa	rt II af item 18.)			
1	CIL FIL	ILK, NOTH I MEDI	THE EXPANSIONER)									(Stote)
and the state of t	20c.	TIME OF INJURY I Haur o.m. p.m.	-	2Dd. II While at wor			CE OF INJURY (Home, farm ory, street, affice bldg., etc.		(City ar tawn)	(Cou	iniy)	
A PARTIES	200.	TIME OF INJURY I Haur o.m. p.m.	Manth, Day, Year 19 nat (X) (this has	While at work	Not While of work ded the deceased	facto	ory, street, affice bldg., etc.	965		196	7. the	at 🔼 (we) lo
Can and and an	20c.	Haur o.m. p.m.	Manth, Day, Year 19 nat (X) (this has	while at world pital) attended 9/28	Not While of work of w	facto	11/24 12 death accurred un	9 65 35 A MED. DIRECTOR	na 9/28 M, fram causes	, 19 <u>6</u> and an th 22b. DA 9/2	7, the	stated abay
1	20c.	TIME OF INJURY I Haur o.m. p.m. I. I certify th	Manth, Day, Year 19 nat (X) (this has	While at work pital) attended 9/28	Not White of work of the deceased 19 67	fram_ and that	the property of the property o	965 35 A MED. DIRECTOR	na 9/28 M, fram causes	, 196 and an th 22b. DA 9/2 pital	7, the date	stated abay

segrow espire nedenlelan'i evab 275 Glenn "els (rurul) 086112V 5.6 Smilth men September 387 no siltone Merch Carelina Senter S. Filliand Lead Section 1 Yes 174-05 70-12-0905 The olders to be the votes and the problem to

Glann Dale Hespitani Moe Weins H. P. Learner lete March Band

FOR STATE HEALTH DEPT.

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page he Stote Deportment of 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with Health prior to buriol, cremation, or removal, and in any event within 72 hours after death.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any deloy is

12917

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12927

PLACE OF DEATH O. COUNTY					2. USUAL RESIDENCE o. STATE	(Where deceased liv		dence before	admission)
	e George's		MARY	/LAND	O. SIAIT MARY	LAND	b. COUNTY PR	RINCE (GEORGE
	(If autside carparate limits,	C.	LENGTH OF STAY I	IN 1b	c. CITY OR TOWN (If	outside carparate lim	its, write RURAL and	give nearest	town)
Cheven	nd give nearest town)		DOA		CLIN	ITON			16-1
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in	haspital, give s	street address)		d. STREET ADDRESS			е	IS RESIDENCE ON A FARM?
Prince	e George's Ger	neral H	lospital		8100 VISA	AMOULI		У	ES NO
3. NAME OF DECEASED (Type or print)	First Thelms	э П	Middle Clizabeth	1	Steele	4. DATE OF DEATH	Month 9	Day 8	Year 19 67
S. SEX		MARRIED X	NEVER MARRIED	-	DATE OF BIRTH	9. AGE	(In years IF UND	ER I YEAR	IF UNDER 24 HRS.
female	white v	WIDOWED [DIVORCED		1-5-23	44 44	birthday) Month	s Days	Haurs Min.
10a. USUAL OCCUPATIO	N (Give kind of work done		OF BUSINESS OR		11. BIRTHPLACE (Sto	te or foreign country)	12.	CITIZEN OF COUNTRY?	WHAT
HOUSEWIF		INDUSTI HC	OME		WEST VIRO	INIA		COONTRIE	USA
13. FATHER'S NAME	W - 21 W		5155		14. MOTHER'S MAIDEN	NAME			
FURME	R H. FRADY				MARY ALI	CE CLOWER	RS		
IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	wicol	AL SECURITY NO.	17. IN	FORMANT		Address	100	
NO	(If yes give wor ar dates of ser	235-3	38-2456	Ar	vil Steele	Husband	l Princete	n, W.	Va.
	DEATH (Enter only one cause p	er line for (o),	(b), and (c).)						RVAL BETWEEN
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _	Sub-ar	achnoid	hemo	rrhage			mini	ites
330)	DUE TO				-				
Canditions, if any		100							
rise to immedio									
last.	(c)								
PART II. OTHER S	IGNIFICANT CONDITIONS CONTR	RIBUTING TO DE	EATH BUT NOT REL	ATED TO TH	HE TERMINAL DISEASE C	ONDITION GIVEN IN I	PART I(o)	F	WAS AUTOPSY PERFORMED? S X NO
2Do. EXTERNAL CA		20b. DESCRIB	BE HOW INJURY O	CCURRED. (I	inter nature of injury i	n Part I ar Part II af	item 18.)		
20c. TIME OF INJ Hour a.	JURY Manth, Doy, Year .m. 19	2Dd. INJURY While	Y OCCURRED Not While		OF INJURY (Hame, fary, street, affice bldg., et		or tawn)	(County)	(State)
21. I certif	fy that I taak charge at			ogve. held	on Autopsy 🔽	, Inspection	Inquiry X	l. and	in my apiniar
death resul	//	ouses XX	Agodent 🗔	Suicio	_		ermined manner		,
	1 //	P	1	,	CHIEF MEDICA				
ACTUAL SIGNATURE	Jan	/Us	1		M.D. ASSISTANT M	EDICAL EXAMINER		27	2. DATE SIGNED
EXAMINER'S NAME (Type) J	ohn Kehoe M.D	Rive	erdale, l	Maryl	DEPUTY MFD	ICAL EXAMINER X	inty)	9-9	9-67
230. BURIAL, CREMATI	_ / /		3c. NAME OF CEME			23d. LOCATIO	N (City or Town)	(County)	(State)
REMOVAL (Specify	9/12/67		Pett:	rey		Pettr	ey Merce	r W	. Va.
24. FUNERAL DIRECTO			ADDRESS	- 4	2Sa. RE	C'D BY DECISTRAD	2Sb. REGISTRAR	S SIGNATURE	
GASCHI	S HY	ATTSVIT	TT MAR	VIAND	DATES	FL T T 18	bl fills	res y	noge

VR A15ME (5) 6M 1/67 2

South the Table Total 235-31-215 mevil bickele Buntand Errays long W. Wal (2) The later to the contract Shall of all the tan the land

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12928

		21001	9		MEDI	CAL EXAMIN	CK 2	EKHILLAIE	OF DEA	In				
		PLACE OF DEATH						2. USUAL RESIDENCE	E (Where dece			nce before	odmissio	on)
	1	o. COUNTY	ince Ge	ongole		MARYL	AND	o. STATE Maryland	1	b. (0)	ce Ge	orga		
		b. CITY OR TOWN	(If outside corpo	prote Timits,		c. LENGTH OF STAY IN		c. CITY OR TOWN (IF	outside corpo	rote limits, write RI	JRAL and gi	ve neoresi	town)	
		write RURAL or	nd give neorest	town)		DOA							16	-/
M		Chever. d. NAME OF HOSPI		ION (If not in h	asnital aix	DOA ve street oddress)		d. STREET ADDRESS				1 6	IS RESID	DENCE
79													ON A F	-
	2		George	Genera	L Hos			7421 Fin						NO DO
1		NAME OF DECEASED		First		Middle		Lost	4. DATE OF	Moi		Doy	Ye	
		(Type ar print)	T 4 50100 00	Harry		C		trailman	DEAT		I IF UNDER	14	19 IF UNDER	67
	S.	DEA.	6. COLOR OR		ARRIED [NEVER MARRIED		DATE OF BIRTH	9.5	 AGE (In years last birthday) 	Manths	Doys	Hours	Min.
		Male	White		DOWED [rnc'		21 March :		67 yrs.				
	10o	. USUAL OCCUPATIO	N (Give kind of v	vork done		D OF BUSINESS OR		11. BIRTHPLACE (St	9	country)	12. 0	ITIZEN OF	WHAT	
1	don	roreman	Retire	ď	W	ood Yard		Maryla	and		U.	S.A.		
	13.	FATHER'S NAME						14. MOTHER'S MAIDE	EN NAME					
			Unkn	OWIL				U	nknown					
	15.	WAS DECEASED EV	ER IN U.S ARMED	FORCES?	16. SC	CIAL SECURITY NO.	17. IN	FORMANT		Add	ress			
	(Уе	s, na, or unknown) No	(If yes give was	cordotes of servi	57	9-09-8549	Ro	se Marie	Nallev	Same As	# 2			
		18. CAUSE OF D				o), (b), and (c),)						INTE	RVAL BET	WEEN
		PART I. DEA	THE MAKE CALICED) DV		t failure						ONS	ET AND D	HTASC
	- 1	420	O IMMEDIA			riosclerot	ia h	namt dian	0.00				r l	
		Canditions, if ony	, which gove		AI LE	LIOSCIELOC	TC III	sart ursea	356			Ove	T. T.	AT.
		rise to immedio		DUE TO										
		stoting the undi	erlying couse	(c)										
		PART II OTHER S	IGNIEICANT CON		BUTING TO	DEATH BUT NOT RELA	TED TO TE	F TERMINAL DISEASE	CONDITION GIV	/FN IN PART 1(a)		19.	WAS AUTO	OPSY
2	IION											VE	PERFORM S	NO L3
	CERTIFICATION	20o. EXTERNAL C	ALISE WAS		20h DESC	RIBE HOW INJURY OCC	CLIRRED (F	nter nature of injury	in Port Lor Pr	ort II of item 18.)		110	, []	NO [-
	ERT	PRIMARY Or CO			200. 0250	LKISE HOW MOOK? OC	CORRED. (E	mor notore of injury		71 II 01 10III 10.j				
	SAL		IIIDV Manth Do	Vont.	204 IN1	URY OCCURRED	20° DI ACE	OF INJURY (Home, f	orm. 20f.	(City or town)	10	ounty)		Stote)
	MEDICAL	20c. TIME OF IN: Haur a.	m.		While	Nat While		y, street, affice bldg., e		(City of lowil)	(c	don'y)	(31016)
ł	~		m.	19	ot work						-			
1		21. I certi	fy that I taa	7 1		ains described abo	ave, held	an Autapsy	, Inspec	tian 🔀, Ind	uiry x	and	in my	apinio
1		death resu	Ited fram:	National cal	ışes 🔀	, Accident,	Suicio	le 🔲, Hamici	ide 🔲, 🗆	Indetermined r	nanner [
ı		ACTUAL	//		14			CHIEF MEDIC	CAL EXAMINER					
		SIGNATURE	12	my	/-	orn		M.D.	MEDICAL EXAMI			ž.	2. DATE	SIGNEL
-		EXAMINER'S NAME (Type)	John Ke	hoe, M.	D. 1	Riverdale,	Md.		DICAL EXAMINE reet, city, towr			9-	14-6	7
	23 0	BURIAL, CREMATI		DATE THEREOF		23c. NAME OF CEMET	ERY OR CI	REMATORY	23d. l	OCATION (City or T	awn)	(County)	(S	tote)
		REMOVAL (Specif	9	/18/196	7	Fort Li	ncol	1	BI	adensbur	g. Ma	rvla	nd	
	24	. FUNERAL DIRECT				ADDRESS		250 R			REGISTRAR'S	SIGNATUR		
		W.W.Char	mbers C	o. Inc.	•	7 11th S Washingt	on. I	C. DATE	SEP 18	3 1967	galia	read ,	judg	IL.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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2	1	80	-	4.1
all.	2	28	640	26

CERT	IFIC	ATE	OF	DEA	TH
		A 1 1		1/1 /4	

	PLACE OF DEATH o. COUNTY	Pro Geo C	ounty MARYLAI	ND	a CTATE A A A	Where deceosed lived, if institution b. COUN		Ce before odm	ission)
13		If outside corporate limits,	c. LENGTH OF STAY IN 1	lb	West	utside corporote limits, write RUR	AL and give	e neorest towr)
		AL OR INSTITUTION (If not in Hospital	hospitol, give street oddress)		d. STREET ADDRESS 773/81	merson Rd			ESIDENCE A FARM? NO V
100	NAME OF DECEASED (Type or print)	John First	Middle G	Stı	ırm Lost	4. DATE Monti	1	18	Year 1967
S.	SEX M	W	MARRIED NEVER MARRIED (WIDOWED DIVORCED [Oct 24, 19]	9. AGE (In years lost aday) 52 yrs.	Months	Doys Hou	IDER 24 HRS. Irs Min.
10o dur	ing most of working	(Give kind of work done life, even if refired) mfitter	iob. KIND OF BUSINESS OR INDUSTRY Buildings		11.BIRTHPLACE (County New Port	8 Stote, or foreign country) News Va		TIZEN OF WHA UNTRY? U.S.A	
13.	FATHER'S NAME	Harman T. Char			14. MOTHER'S MAIDEN		1		
16	Wild Brossoft Sid	Henry J. Stu	F at 40,000 and 100 100 1			ide De'Sales Ma		У	
(Ye	was deceased eve es, no, or unknown) no	R IN U.S. ARMED FORCES? (If yes give wor or dotes of ser	16. SOCIAL SECURITY NO. 226 05 6386		NFORMANT lele Sturm	West Lanham		s, Md.	
		e couse (o), (Dus TO	Liver circhos	na is,	l Locilu nutritiona	re. 1, severe,		Two ga	
CERTIFICATION	P	neumonit		br	mehitis	, ,		19. WAS A PERFO YES	AUTÓPSY DRMED? NO
		SUNDERLYING LI CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in	Port I or Port II of Item 18.)			
MEDICAL	20c. TIME OF INJU Hour o.r p.r	10	20d. INJURY OCCURRED While Not While ot work Ot work		E OF INJURY (Home, farm ory, street, office bldg., etc.		(Cou	unty)	(Stote)
Ē		fy thot (I) (this hospita eceased alive on	1) attended the deceased from 19-18-1967, and			19 67, ta 9/1 912 PM, from causes (7 , that (I he dote sta	
	22o. SIGNATURE	724	ranely	M.D		MED. STAFF DIRECTOR PHYS.	22b. DA	19/67	7
	22c. PHYSICIAN'S NAME (Type)		Netl, MD		22d. ADDRESS 7729	Finn's Lane	Law	ham,	und
	BURIAL, CREMATIC REMOVAL (Specify)				23d. LOCATION (City or Tov	wn)	(County)	(Stote)
	Burial FUNERAL DIRECTO		1967 Oakland ADDRESS	Cen			GISTRAR'S SI		•
	F. Gascl	h's Sons Hy	attsville, Md.		DATESE	P21 1964 /	Marel	es Jud	ge .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remays anothen papers. Pages 3 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

LINETY PRINT CONTRACTOR 7731 Emineral Rod USA HISTORY WAS ASSESSED. Company of the Company and the standard of the Hente remal Leiline Durwich Liver circlesis intriliend severe Tropens Persumonetia + chronic bronchite 1 st sandi 7729 FIRM'S Land, Luchan, Just RULFRANCHI, MD Maria Per Land 1907 and the Designary - . . function of Evergravit and a strength of

TO HDSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> A15 (4) M 1/65

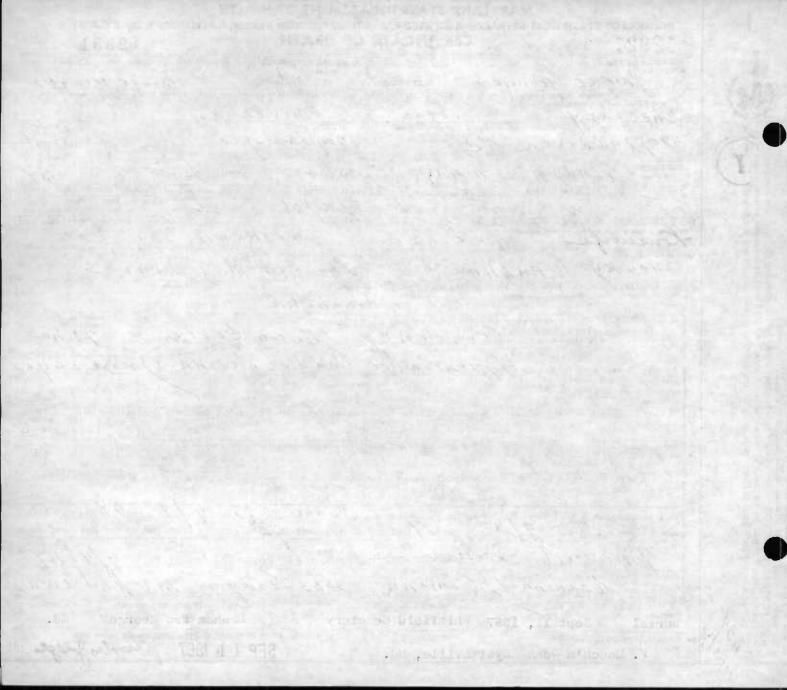
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
2920
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	Commo		a. STATE	arykand b. coun	titution: Residence before admission) Tince George
b. CITY OR TOWN (If o write RURAL and gi	George	MARYLA s. c. LENGTH OF STAY II	II II		ite RURAL end give nearest town)
			Hyattsv		12-1
Hyattsvil	OR INSTITUTION (If no	ot in hospital, give street edd			e. IS RESIDENCE
	rd Place	ot in nospital, give succe oud	and the same of th	33rd Place	ON A FARM?
3. NAME OF	First	Middle	Lest	14. DATE Month	
DECEASED (Type or print)	John	Middle	rakus	OF DEATH Sentem	les 7, 1967
		A. Ta		9 ACF (In years)	IF LINDER 1 YEAR HELINDER 24 HRS
		OWED OWED DIVORCED		last birthday) i	Months Days Hours Min.
Male Wh		10b. KIND OF BUSINESS OR	Dec 18,18	County & State, or foreign country) 12, CITIZEN OF WHAT
during most of working life Draftsman	even If retired)	INDUSTRY	Estonia		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MA		0.0.2.
δαΛ	nor Tonols	110		Aleksur	
15. WAS DECEASED EVER IN	rew Tarak		17. INFORMANT	ALEKSUI	SS
(Yes, no, or unkown) (If yes					" -
No			Isidora Tar	akus Same as	0 // -
		per line for (a), (b), end (c).	1/		INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH W	EDIATE CAUSE (a)	6	tencomi	or,	immout.
LOTT	DUE TO				Name and Address of the Owner o
Conditions, If eny, w					
gave rise to immediately gave rise to immediat					
underlying cause last.	(c)				
PART II. OTHER SIGNIFI		NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAT					YES NO IN
PARTII. OTHER SIGNIFI 20a. ACCIDENT WAS U OR CONTRIBUTING U (IF EITHER, NOTIFY M	NDERLYING 2 CAUSE OF DEATH EDICAL EXAMINER)	20b. DESCRIBE HOW INJURY	OCCURRED. (Enter nature	of Injury in Part I or Part II o	f item 18.)
		20d. INJURY OCCURRED 20d	. PLACE OF INJURY (Home,	farm, 20f. (City or town)	(County) (Stete)
20c. TIME OF INJURY Hour e.m. p.m.		While Not While	factory, street, office bldg.,	etc.)	
		et work	mari	solb . Senled.	7 10 (7 4) -1 (1) (1) (1)
21. I certify that	(I) (this hospital) a	ttended the deceased from	n'may	1900, 10 xgriene.	Z, 19.6.Z, that (I) (we) last and on the date stated above.
22a. SIGNATURE.	alive on are very	1961, and	that death occurred at	M, from the causes	22b. DATE SIGNED
22a. SIGITATORE	1/2000	1. Hawher	ATTENDING	MED. STAFF	SA 7.1967
22c. PHYSICIAN'S	Dalling O. H	1 dente	M.D. PHYS.	DIRECTOR PHYS.	July . 1/1
NAME (Type) Z	EONHARD	J. HANISOU,	MU TOI MAR	YLAND AVENUE,	NE. Wash. D.C.
23a. BURIAL, CREMATION Transport	23b. DATE THEREO	P 23c. NAME OF CEM	ETERY OR CREMATORY	23d. LOCATION (City, to Recoleta,	own or county) (State) Paraguay
	140 10171	19			0
24. FUNERAL DIRECTOR	19-1-17	ADDRESS	PX X 1 25a. R	EC'D BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE
	matting	ADDRESS THE	25a. R		

The state of the s Electronica States David Comment of the The state of the s the state of the was a second of the second of the second LEONIFERT JOHNNIED ME TO MICHELLAND AND ENE WAR WAR WAS TO The second of th

W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution; Rasidanca bafore edmission) . COUNTY b. COUNTY George 5 MARYLAND MINCE b. CITY OR TOWN (if outside comporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end/give naarast town) write RURAL and give nearest town) EURNI e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) ON A FARM? YES NO NAME OF Middle DATE Day DECEASED DEATH (Typa or print) 196 5. SEX COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 9. 7. MARRIED ANEVER MARRIED ast birthday) Months Hours WIDOWED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? Steta, or foraign country) dona during most of working life, even if retirad) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. I (Yas, no, or unkown) | (Ifyas give war or datas of sarvica) & AKANTE 18. CAUSE OF DEATH [Entar only ona causa per lina for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: hns IMMEDIATE CAUSE (a) Conditions, if env, which gava risa to immadiate cause DUE TO (e), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Yaar 20f. (City or town) factory, street, office bldg., atc.) Whila Not While at work et work 21. I certify that (I) (this hospital) attended the deceased from..... , and that death occured at J.M., from the causes and on the date stated above. saw the deceased alive on 22b. DATE STAFE SIGNED DIRECTOR PHYS. PHYS. M.D. HOSPITAL death. Page 4 O FUNERAL director, page be filed with t 22d. ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREO 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) Whitfield Cemetery Lanham Pro Georges Md. 1967 OL Burial Sept 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4)0 15M 9/60 F. Gasch's Sons Hyattsville, Md.

ARYLAND STATE DEPARTMENT OF HEALTH



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TD FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

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1/65

TD HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deal Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	12922	CERTIFICAT	E OF DEATH	12932	2
1.	PLACE OF DEATH a. COUNTY a. FITThce's George's	MARYLAND		E (Where deceased lived, If institution b. COUNTY	T
	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Clinton, Md.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If Washing	outside corporate limits, write RUR	tAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in the Pine View Gardens	nospitai, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
3.	NAME DF First	Middle	1344-mapl		YES NO
	(Type or print) Frederick W.	Traband, Sr.	Last	4. DATE Month DF DEATH 9	Day Year 24 19 67
1	ale white WIDOWED	TEVER MARKIED	8. DATE OF BIRTH 3-16-1886	9. AGE (In years IF UND last birthday) Month	DER 1 YEAR IF UNDER 24 HRS. S Days Hours Min.
10 du		KIND DF BUSINESS OR INDUSTRY			COUNTRY?
13	. FATHER'S NAME		14. MOTHER'S MAID		
	Charles Traband			lla Dove	
(Y	es, no, or unkown) (If yes give war or dates of service)			Shadyside sene	Va.
	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY:	line for (a), (b), and (c).]	- ~ 0/0	of Truly	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which \	Pull	04/100	laten Collas	3:4
	gave rise to Immediate cause (a), stating the underlying cause last.	oa of A	polar	To go and the same of the same	day
CATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTDPSY PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	Injury in Part I or Part II of Item	18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While p.m. 19 at wor	Not While facto	CE OF INJURY (Home, fairry, street, office bidg., et	rm, 20f. (City or town) (C	County) (State)
	21. I certify that (I) (this hospital) attends saw the deceased alive on 9-2		≥ − // , 19 t death occurred at //	967, to $9-24$, 19 18 M, from the causes and or	157, that (I) (we) last in the date stated above.
	22a. SIGNATURE	Lapin M.D	ATTENDING M		DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) PREP	R. LAPIN,	22d. ADDRESS		
23	UREMDYAL (Specify) 9-27-67	Cedar Hill		23d. LOCATION (City, town or Suitland, i.c.	
Apr.	ee Funeral Home 300-4	th St. N.E.	Wash. D. C 5	EP 2 7 1967 PER 2 1967	AR'S SIGNATURE

THE PROPERTY WHEN THE PROPERTY OF THE PROPERTY

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12923

CERTIFICATE OF DEATH

12933

				000
1. PLACE OF DEATH o. COUNTY				ion: Residence before odmission)
Prince Georges	MARYLAND	Maryland	b. cour Pri:	nce Georges
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		side corporate limits, write RUF	RAL ond give neorest town)
write RURAL and give neorest town) Cheverly	11 days	Colmar Man	or	16-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince Georges General Ho	spital	3403 42nd	Avenue	YES NO
3. NAME OF First	Middle	Lost	4. DATE Mont	h Doy Year
DECEASED (Type or print) Geor	ge W.	Trainum jr	OF Se	pt. 6, 19 67
S. SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED	DIVORCED	11/15/12	last birthdoy) 54 yrs.	Months Doys Hours Min.
	IND OF BUSINESS OR		Stote, or foreign country)	12. CITIZEN OF WHAT
vice Pres Richard Eng	land Assoc	Virginia	a	US A.
13. FATHER'S NAME	10110 110000	14. MOTHER'S MAIDEN N		1 0 0 110
George W.Trainum \$r		Bessie	Snead	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.		INFORMANT	Addre	SS
(Yes, no, or unknown) (If yes give wor or dotes of service)	18-05-9268 Do	rie T Tra	inum 3403.42	ave
1B. CAUSE OF DEATH (Enter only one couse per line for		110 1114	III JAOJ VA	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	11-11 (-11/510)			CONST AND DEATH
5810 IMMEDIATE CAUSE (o) TUV		1		- 17
Conditions, if ony, which gove) (b)	Knintesting Ma	nelhubb		SUM
rise to immediate couse (o), stating the underlying couse	1 (10	1		i
last. (c)	hune of th	e 11/2/		many yours
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY
				PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20g. ACCIDENT WAS UNDERLYING 20b. DI 20 R CONTRIBUTION CLOUSE OF DEATH 21/4 ETHER MOTIVE MEDICAL EYAMMED	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in F	Part I or Port II of item 18.)	112 0/2 110
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm	20f. (City ar town)	(County) (Stote)
Hour o.m. While p.m. 19 of wor	Not While foct	ory, street, office bldg., etc.)		(****)
21. I certify that (I) (this position) atten		4/26 11	to Sent	6 , 19 67, that (I) (we) las
saw the deceased alive on Sept.		t death accurred at	:30P M. from couses	and on the date stated obove
220. SIGNATURE	1 140			22b DATE SIGNED
Trodoin H. W.	Inlin MID. M.C	D. PHYS. XXX	MED. DIRECTOR PHYS.	Sept 7 1967
22c. PHYSICIAN'S	THE PARTY OF THE P	22d. ADDRESS		July 1
NAME (Type) Frederick H. Will	helm, M. D.	6319 Land	over Rd. Chev	erly, Maryland
23o. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To	wn) (County) (Stote)
REMBUL 9.11.1967	Ft.Lincoln	Cemetery		nor Maryland
24. FUNERAL DIRECTOR	ADDRESS			GISTRAR'S SIGNATURE
Lee Funeral Home, 300.	Ath st N E	DATECE	P 1 1 1967 &	Charles Just

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. darbon papers. Pages 1 and 2 ent. within 72 hours affer darbin. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletally director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event.

> VR A15 (4) 25M 1/67

KUNST IN THE KINST THE UNITED AND THE SECOND engres) som til buskere! summer Courses Course Indicated Darses average courty The section of the second of the second no di no di la constanti di minori di con di traderick H. Willielm, M. D. . 6319 Landover Hd. Cheverly, Parvined Markey Very H. Tarrell Town College College Market West Market State College C Los Paners L Some. 300.45h stull in tenser L 1961 4 Part of

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution: Residence before edmission) e. COUNTY e. STATE b. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and givernearest lown) write RURAL and give hearest town Pages 1 urs after .= = filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 3. NAME OF Last 4. DATE Month ded DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR DATE OF BIRTH P last bighday) event, physician # WIDOWED DIVORCED remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retirad) attending pl _ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and Then ioval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? / 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, po, or unkown) (If yas give war or datas of sarvige permit. þ 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 20 has been signed to burial-transit per urial, cremation, or PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO attending Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying the certificate hospital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Se 0 CERTIFICATION use prior R: After this condetached for the of Health pr 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Entar nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After 3 should be detact the State Dept. of H 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work 19 p.m. 195 21. | certify that (1) (this hospital) attended the deceased from....... M. from the causes and on the date stated above. and that death occurred a saw the deceased alive on...... 22a. SIGNATURE the st ATTENDING MED STAFF leath. Page 4 FUNERAL HOSPITAL page with th PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS ector, I NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 0 = 8 REMOVAL Spacite ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATUR VR A15

MARYLAND STATE DEPARTMENT OF HEALTH

12934

Day

Months

(County)

..., 190%, that (I) (we) last

e. IS RESIDENCE ON A FARM? YES NO

Year

196

IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO T

(Stete)

22b. DATE

(State)

SIGNED

20M 5-6

Containing the second of the s FTT 430 mail

ed within 24 hours after TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death The law requires that the death certificate attending physician. OR ATTENDING PHYSICIAN: the hospital or death. Page 4 may be retained by TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH

Ritchie Bres. Upper Marlboro, Md.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND

129	725	CERTIFICATE	OF DEATH		14409
1. PLACE OF DE a. COUNTY	Prince George	MARYLAND	e. STATE	CE (Where deceased lived, If b. COUN	institution: Residence before edmission)
b. CITY OR TO	WN (if outside corporate limits, L and give nearest town)	c. LENGTH OF STAY IN 16			RURAL end give neerest town)
Camp Sp		Life	Camp Spr	ings	16-1
		ot in hospital, give street eddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
6103 01 3. NAME OF	ld Branch Av		6103 01d		
DECEASED (Type or print)		Middla	Last	4. DATE Month OF DEATH	
5. SEX	COPA	MARRIED NEVER MARRIED 8	Trueman	9. AGE (In years	in the state of th
Female	White	VIDOWED DIVORCED J	uly 13, 18	fast birthday)	Months Days Hours Min.
done during most	UPATION (Give kind of work of working life, even if ratired)	106. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Cour	nty & Stata, or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housew:		Own Home	Ma ryla		U. S. A.
			14. MOTHER'S MAIDEN		
Henry V	DE EVER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO. 17. 1	Sarah H	yde Address	
No No	n) (If yas give war or dates of serv	ica)			
	OF DEATH [Entar only one ca	use per lina for (a), (b), end (c).]	uy H. True	msn-Same as	I tem #2.
	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pulmona	My edem	2	ONSET AND DEATH
593	DUE TO	^	11	1 0 1	2 3 6 2 9 5
Conditions, if	any, which) (b)	Congesti	in cell be	TTILLE	2 Zweeks
	ha undarlying DUE TO	1111			11/
causa last.	(c)_	Kidnoy dis	1256		1/2767
PART II. C	OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
208. ACCIDEN OR CONTRIBU (IF EITHER, NO	TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER	20b. DESCRIBE HOW INJURY OCCURRI	ED. (Entar nature of injury i	in Pert I or Pert II of itam 18.)	
20c. TIME OF Hour a			ACE OF INJURY (Home, farr tory, street, office bldg., etc		(County) (Steta)
21. I certif	fy that (I) (this hospital	attended the deceased from.	July	19.65 10.50 ptouch	11.13, 19.6.7 that (1) (we) las
saw the de	ceased alive on Sin	1 13 1967, and that	death occurred at	M, from the causes	and on the date stated above.
22a. SIGNATI	URE Doubl 1	Wole "		MED. STAFF PHYS.	9/13/67
22c. PHYSICIA		Robb, M. D.	5116 Midd	leton Lane, Car	mp Springs, Md.
23a. BURIAL. CREA	MATION, 236. DATE THEREC	F 23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION ICITY to	wn or county) (State)
Burial	9/16/67	St.Barnabas	Cometery	XGROWN X TOWN	Maryland
24 FUNERAL DIREC	CTOR'S SIGNATURE	ADDRESS	25a. REG	C'D BY REGISTRAR 256, REG	

Milarles Juage

1967

VR A15 (4) 20M 5-63

Market D Prince Coorges Huryles 17. Coorg Comp Springs Comp Springs ol03 Old Branch Avanue 6103 Old Branch Avanue 6103 Corn S. Trunnen - September 13, 57 Tag 13, 1607 60 Housewife Own Home Marriand U. E. A. Sareh Ayde Houry W. Grimes TOTAL BELLEVILLE SOME THE PER 9/13/67 Series of the state of the stat Miscale Bros. Opper Markono, Mas

VR A1S (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12926

CERTIFICATE OF DEATH

12935

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, It institution: Rasi	idence before admission)
o. COUNTY PR'MOR GRO MARYLAND	e. STATE AAD	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate fimits, wrife RURAL and g	ive neerest town)
write RURAL and give nearest town)	00 - F00 01/000 1	2.11 1/
CHEVERLY	d. STREET ADDRESS	I S RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	11/04 1 1/1/1/5 TTTD DY	ON A FARM?
PRINCE GEO. GEN. HOSPITAL	6401 WILLIEN DE	YES NO
3. NAME OF First Middle	Last 4. DATE Month I	Dey Yeer
(Type or print) MARCARET MARY TI	RUFMAN DEATH SEPT	3 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE	
WIDOWED DIVORCED	5-18-85 Subithday) Months De	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	N OF WHAT COUNTRY?
HOUSEWIFE DOMESTIC	CHAPIES IND. U.	S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JOSEPH WATERS	FILLEN 5. DAVI	₹
	INFORMANT Address	Doine
(Yes, no, or unkown) (Ifyesgive wer or dates of service)	NO. I TEUR - DYDINGTT	ENTHINE
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	ARY TEVAULT, OXON HILL,	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	and the first of the second of the	ONSET AND DEATH
IMMEDIATE CAUSE (a) CEREBRAL	TH ROW BCS 15	_ MONTH_
332X DUE TO		
Conditions, if eny, which (b) CEREB RILL	ARTERIOSCLEROSIS	10 heses
geve rise to immediate cause DUE TO		
cause lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16	e) 19. WAS AUTOPSY
ESSENTIAL HYPERTENSI	er	YES NO NO
20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTION OF THE STREET OF THE STR	D. (Enter neture of injury in Pert I or Pert II of item 18.)	
20c, TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, term, † 20f. (City or town) (County	y) (Stete)
TOUT a.m.	ctory, street, office bldg., etc.)	
p.m. 19 et work at work		
21. I certify that (I) (this hospital) attended the deceased from.	, 19, to, 19, 19	, that (I) (we) last
saw the deceased alive on	t death occured atM, from the causes and on the	
22a. SIGNATURE	ATTENDING MED, STAFF	22b. DATE SIGNED
Roger B. Jug Kase Pert		(/->
	M.D. PHYS. DIRECTOR PHYS.	7 3-67
22c. PHYSICIAN'S	DIRECTOR DIRECTOR	7 5-67
	M.D. PHYS. DIRECTOR PHYS.	9 3-67
22c. PHYSICIAN'S NAME (Type) ROGER B. INGHAM 23c. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMSTERY	M.D. PHYS. DIRECTOR P	9 3 6 7
22c. PHYSICIAN'S NAME (Type) ROGER B. INGHAM	M.D. PHYS. DIRECTOR P	9 3 -6 7 M) (State)
22c. PHYSICIAN'S NAME (Type) ROGER B. INGHAM 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMSTERY	OR CREMATORY DIRECTOR PHYS. PHYS. DIRECTOR PHYS. 22d. ADDRESS OR CREMATORY 23d. LOCATION (City, town of county)	MD
22c. PHYSICIAN'S NAME (TYPE) ROGER B. INGHAM 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL 9-6-67 ST PAV	OR CREMATORY 23d. LOCATION (City, town of county) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	MD

HOPSZWIFE DEMESTIC CHARLES THON WE AM JOSEPH WARTERS - ELLEN DI LANGE COMMUNET SWEETS MESCALISTIN A CHAME DATE CHARLESTON AND ARTERIORSCANICSCA ELLERING HALLANDENCE Roger B. Ingland and LEIRE G-8 67 ST FAVER CON PARTER TOP HOW I CARE TO SEE MAN THOU SEP I THE I WAS I deoth.

law requires that the death certificate be executed within 24 hours

ATTENDING PHYSICIAN:

OR

physician. attending Heolth 1 USe this certificate by the hospitol or Po Jdetoched Dept. Stote TO FUNERAL DIRECTOR: After be retoined plnous the with 1 filed pode pe

director, should

20 M 1/66

24. FUNERAL DIRECTOR

Sept. 6,1967

George J. Gonce - 4001 Ritchie Hgwy., Baltimore DATE SFP

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1 PLACE OF DEATH a. COUNTY b COUNTY Prince George's MARYLAND Marvland CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Cheverly Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 220 Edgevale YES NO 🔀 Road 3. NAME OF Middle Manth Last 4 DATE Day Year DECEASED (Type or print) OF Gladys Urps DEATH Sent 9. AGE (In years IF UNDER 1 YEAR SEX B. DATE OF BIRTH A COLOR OR RACE 7. MARRIED K NEVER MARRIED last birthday) Manths Days Haurs DIVORCED July 11, 1906 WIDOWED Female Cauc. 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a USUA! OCCUPATION (Give kind of work done during most of working life, even if retired)
Homemaker INDUSTRY COUNTRY? U.S Chilhowie. Va. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Matthew Virginia Trent Berry 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, or unknown) (If yes give war ar dates af service Charles Urps - same INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying cause last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO YES 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. While Nat While factory, street, affice bldg., etc.) at work at work 9 - 319 67 ta 19 67 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram and that death accurred at 7:15 AM, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE STAFF M.D. PHYS. DIRECTOR PHYS. 22d. **ADDRESS** 22c. PHYSICIAN'S NAME (Type) 0 0 INCE 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL CREMATION (County) REMOVAL (Specify)

Cedar Hill Cemeterv

Ritchie Hgwy...

2Sa. REC'D BY REGISTRAR

A. A. Co.

2Sb. REGISTRAR'S SIGNATURE

0111111111 hook beforents the contract transfer to the contract to fe and received a state of Colored to the colore Warding Trent will seet, 6,1967 | Gunz Hill Sanchers | Attende Boxs, . . . Us., Dr. section , Carries - DOLL Standard Corres, Parts attended was and

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 HITCHES #3.5 200 Film #G3.3 9/27/67 oh MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Howard a. COUNTY o. STATE Prince George MARYLAND deloy b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Cheverly DOA Jessup d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENCE ON A FARM? d. STREET ADDRESS with the State De the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with form Box 86A Rural Prince George Hospital in Item 18. Give Poges YES NO X certificate should be executed within 24 hours ofter death. NAME OF Middle Vaughan 4. DATE Month DECEASED Vaughn Chetham 67 Columbus Sept (Type or print) DEATH IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdoy) 2 Feb., 1919 WIDOWED DIVORCED Negro podes lond 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHA during most of working life, even if retired) INDUSTRY hours after 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME burial-transit permit. File Vaughan IS. WAS DECEASED EVER IN U.S. ARMED FORCES? event within 72 (Yes, no, or upknown) (If yes give wor or dates of service) pending 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSEL AND DEATH Minutes Bilateral hemothorax IMMEDIATE CAUSE (a)_ writing the word DUE TO any Conditions, if ony, which gove Perforating gunshot wound of chest rise to immediate couse (o), = stoting the underlying couse D. OS may be retained for your files. FUNERAL DIRECTOR: Page 3 should be used burial, cremotion, or removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? necessary, please execute the certificate, YES -20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) PRIMARY X or CONTRIBUTING Shot by accidental dishbarge of revolver.

20d. INJURY OCCURRED 2 20e. PLACE OF INJURY (Home, form, 2, 20f2 (City or town) CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form Boy 2018 3 (City or town) (County) (Stote)
foctory, street of the bldg, etc.)
Home / Same as #2Guilford Ave. Jessup Md 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 67 While Not While of work 21. I certify that I taak charge of the remains described above, held an Autapsy 3. Inspection X Inquiry (XC), ond in my opinian death resulted frame. Notural Suicide . Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Heolth prior SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehoe, M.D., Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23d. LOCATION (City or Town) VR A15ME

Stranger and the second second AND SECURITY OF THE PARTY OF TH

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

19929

12938

		16060	CERTIFICATE	OF DEATH					
	(PLACE OF DEATH O. COUNTY PRINCE GE	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE M ARK	AND b. COUNTY	PG COUNTR			
		b. CITY OR TOWN (If outside corparate limits, write RURAL and give negress town)	c. LENGTH OF/STAY IN 16		rporote limits, write RURAL and	N, MD16-1			
0			hospital, give street address) ANCH DRIVE	d. STREET ADDRESS	N6 BRANCH	UR e. IS RESIDENCE ON A FARM? YES NO			
		NAME OF DECEASED (Type or print) MRS First	CLA Holde L		ATH Sept. 1				
H	5. 3	F CAUS.	MARRIED NEVER MARRIED DIVORCED DIVORCED	Acg 3 1876	9. AGE (In yeors IF UN lost birthdoy) Monti	DER I YEAR IF UNDER 24 HRS. hs Doys Hours Min.			
	duri	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOME	Danville	or foreign country) 12	COUNTRY?			
	13.	The state of the s	vel	Barbara F.	Eckenster.	n			
	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? ss, no, or unknown) (If yes give wor or dotes of ser		latter Watze	Address of	L Carrollow			
		18. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) _	er line for (o), (b), ond (c).)	bol pubt	le ettorbo	ONSET AND DEATH			
		Conditions, if ony, which gove hise to immediate couse (a),	Cerebral s	riberosden	tais	ylas			
		stoting the underlying couse (c)	Deffuse att	torreleste	a distant	year			
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO FEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YOUNG WAS AUTOPSY PERFORMED? YES \(\subseteq NO							
		20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or	Port II of item 18.)				
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19		CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	of. (City or town)	(County) (Stote)			
		21. I certify that (I) (this haspite sow the deceased alive on	- X 2	t deoth occurred of 12		192, that (I) (we) lost name date stoted above.			
		220. SIGNATURE	Affect of	ATTENDING MED. PHYS. DIRECTO	OR PHYS.	DATESIGNED 67			
	00		Harding, Jr.			Road /			
		BURIAL, CREMATION, BEMOVAL (Specify) 9-23-67		Cemetery L	Denville	Renna (Stote)			
	24.	Robert A Rimpha		DATSEP 2	and the same of the same of	r's signature			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth.

Poge 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and corpoletely tyled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corpon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

12939

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

L ond 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Prince Georges Prince Georges

b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b by hours Seat Pleasant 44 days d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) .= e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled 7282 George Palmer Highway Prince Georges General Hospital YES NO 3. NAME OF 4. DATE remove carbon First Middle Last Year completely DECEASED event, Wilburne 1967 (Type or print) Cora DEATH Sept. S. SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 7. MARRIED hirthday) Manths Hours WIDOWED DIVORCED 3/23/06 and in ony Female Colored puo IDa. USUAL OCCUPATION (Give kind of work dans during most of working life, even if retired) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY 3 physicion 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removol, Address 10622 - B IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, orunknawn) (If yes give war or dates af service) permit. GROSS-Siche 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit PART I. DEATH WAS CAUSED BY: Acute myocardial infarction; secondary to ONSET AND DEATH IMMEDIATE CAUSE (a) Occlusive coronary arteriosclerosis. Conditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying cause os the hos been (d) Conjestive heart disease cardiomegaly (600 grms.) Inst PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY for use Health PERFORMED? YES XX this certificote 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (Stote) Hour a.m. factory, street, affice bldg., etc.) O FUNERAL DIRECTOR: After at wark 21. I certify that (4) (this haspital) attended the deceased fram July 22, 1967, to Sept. 4, 1967, that (2) (we) last director, page 3 should should be filed with the _____1967_, and that death occurred at 5 . 50 My, fram causes and an the date stated above. saw the deceased alive an Sept. 4. 220 SIGNAVURE 22b. DATE/SIGNED M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) A. Clark Holmes, M. D. Prince Georges General Hospital 220. BURIAD CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 25W. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Charles

The low requires that the deoth certificate be executed within 24 hours ofter death **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 may be retained by the hospitol or ottending physicion. 12930

· · · Sheet Placement rince Centure Centure Congress Hompital 2202 Cunring Calamy Hamilton Wilberge | Sent. et all the MANAGEMENT STORY OF STREET STATE OF STA Acres washington tendestalal Laboratory bired Declusive commune antendamination Confording heart disease carribageners (600) semanic July 22, for Sone, a. . 67 min A. Clark Holes, V. D. -- 1

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12931

CERTIFICATE OF DEATH

12940

					4.41	U. DE/1111					
1. PLACE OF DEATH o. COUNTY						2. USUAL RESIDENCE (Where deceas	sed lived, if institut	ion: Residence	before admiss	ion)
Prince George's			MARY	LAND	o. STATE Mary 1	an d	b. cou	Prince	Georg	e's	
			c. LENGTH OF STAY II	1 1b	c. CITY OR TOWN (If au	itside carpara	ote limits, write RU	RAL and give n	earest tawn)		
	Che	verly		12 d	ays	Seat	Pleasa	ant		16	/
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	at in hospital, ç	give street address)		d. STREET ADDRESS				e. IS RESI	DENCE
	Prince George's Gene			ral Hospit	al	7210	F St	treet	479	proteins.	NO XX
3.	NAME OF		irst	Middle		Last	4. DATE	Mont	th	Day Ye	ear
	(Type or print)	H	oward	W.	W	illiams	OF DEATH	Septemb	per	9. 19	67
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	0 8	B. DATE OF BIRTH	9	AGE (In years last birthdoy)	IF UNDER 1 Y		R 24 HRS.
	Male	Colored	WIDOWED	DIVORCED		10/18/89		yrs.	Months D	ays Haurs	Min.
100 du	. USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County		reign country)		CITIZEN OF WHAT	
_	Retire d		0031117		Marri			COUN	USA		
13	. FATHER'S NAME	William	m.C			14. MOTHER'S MAIDEN 1 Elle		unlen or th	1		
		y Williar					11 (1	unknown		1 01	
15 (Y	. WAS DECEASED EVE es, no, or unknown)	R IN U.S. ARMED FORCES?	of service) 16. 5	SOCIAL SECURITY NO.		NFORMANT		Addre			asna
,					Mrs	. Ellen S	mith-	-/210 F	St	Mary	Lau
		EATH (Enter only one cou	use per line far	(q), (b), ond (c).)	1					INTERVAL BE	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH										
	Gradient to Due to										
	conditions, if any, which gave rise to immediate cause (a), (b) Arterios clerope can divisas culturales										
	stoting the underlying cause DUE 10										
	DADT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN DADT 1/->										
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?										
FICAT	Chatral the ondoes										
IL CERTIFICATION											
MEDICAL	20c. TIME OF INJI	JRY Month, Day, Yeor		IJURY OCCURRED		E OF INJURY (Hame, farm ary, street, office bldg., etc.)		(City or town)	(Count	у)	(Stote)
ME	p.1	10	While at work		TUCTO	ary, straet, office blug., etc.)					
	21. I certify that (1) (this hospital) attended the deceased from August 28 , 1967, to Sept. 9 , 1967, that (1) (we) last										
	saw the deceosed alive an Sept. 9, 19 07, and that death accurred of SOSA M, fram couses and on the date stated above.										
	22a. STONATURE	220. STGNATURE MED. STAFF 22b. DAYE SIGNED M.D. PHYS DIRECTOR PHYS PHYS 7/9/9/17									
	M.D. PHYS. DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S										
		A. Clark He	olmes,	M.D.		4108 Prat	t St.	, Upper N	darlbor	o, Md.	
23	BURIAL, CREMATIC			23c. NAME OF CEME				CATION (City or To			State)
	BUYAL Bedry	9/13/		Baltim	ore	National	Ва	ltimore	, Mar	yland	
2	1. ELITERAL DIRECTO	R Z Wast	Funer	al mane			BY REGISTR		GISTRAR'S SIGN	NATURE	
	rewar	1 John	/axl.	7001-12e	min	ISS. DATESE	P 13	1967	Charle	o judg	Co.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after decident.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDI	IEIC	ATE	ΛE	DEAT	u -
		AIR	100	I I I I I I I I I I I I I I I I I I I	а.

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					X 40 (1) = 3	_					
a. COUNTY	Brince George	MARYLAND	2. USUAL RESIDENCE (o. STATE D. C.	Where deceased lived, if institute b. COI		ore admission)					
b. CITY OR TOWN	N (II autside carparate limits, and give nearest tawn) ale (rural)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	RURAL and give nearest tawn)							
	PITAL OR INSTITUTION (If nat in		d. STREET ADDRESS	LOIL		e. IS RESIDENCE					
	Dale Hospital	rituspiral, give siteer address)		St., N. E.		ON A FARM? YES NO					
3. NAME OF DECEASED (Type or print)	First Ler	Middle	last Wright	4. DATE Mo OF DEATH 9/	nth Do	19 67					
S. SEX	6. COLOR OR RACE 7	MARRIED MEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 5/5/1914	9. AGE (In years lost birthday)	Months Days	IF UNDER 24 HR					
10a. USUAL OCCUPAT	ION (Give kind af wark dane ing life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, ar lareign country)	12. CITIZEN (
13. FATHER'S NAME Hurt Wright Nancy Holmes											
no											
PART I. C 33/X Canditians, il c rise to immed	DUE TO nry, which gove liate cause (a), DUE TO	Recurrent cerebro		ident	q	onset and death days unknown					
PART II OTHER	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO										
OR CONTRIBUTI											
Haur	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 20d. INJURY OCCURRED While at wark at war										
	21. I certify that **() (this haspital) attended the deceased fram 5/24/, 1967, to 9/24/, 1967 that **() (we) lass saw the deceased alive a 9/24/ 1967, and that death accurred at 11 AM, fram causes and an the date stated above										
22a. SIGNATU	22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. 22b. DATE SIGNED 9/24/67										
	22c. PHYSICIAN'S NAME (Type) Moe Weiss, M. D. 22d. ADDRESS Glenn Dale Hospital Glenn Dale, Md.										
REMOVAL (Spe	230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. MATION (City or Town) (County) (State)										
24. FUNERAL DIRE	90R - 4330	Lut PORESS N C	2Sa. REC	D BY REGISTRAR 1967 25b.	MERCES FENS	Mudges					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbor papers, Pages 1 and 2 and 2 should be state Dept. at Health priar ta burial, crematian, ar remaval, and in any event, with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, with the State Dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

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Mor william, Mr. Dr.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	12933	CERTIFICATE OF	DEATH	12942
rs after death	PLACE OF DEATH a. COUNTY A. COUNTY	MARYLAND 2. USI	UAL RESIDENCE (Where deceased lived, if institution STATE b. COUNT	
haurs affi	b. CITY OF TOWN (If autside corporate limits		Y OR TOWN (If outside carparate limits write RURA	and give nearest town)
70	longuolia far	in aspital, give treet address / bre	7306 GALE	Ave e. IS RESIDENCE ON A FARM? YES \(\subseteq NO \(\subseteq
3.	NAME OF DECEASED (Type or print)	se Middle ZALE	SAX 4. DATE OF DEATH SEATH	- 14 Pay Year 1969
	SEX F 6. COLOR OR RACE	7. MARRIED NEVER MARRIED DATE WIDOWED DIVORCED DESCRIPTION	of BIRTH 21, 1873 9. MGE (I year) last birthday) yrs.	Manths Days Haurs Min.
du	a. USUAL OCCUPATION (Give kind af wark done ring mast of warking life, even if retired)	Restaurant Cz	RTHPLACE (County & State, or foreign Jountry)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	7/11/	Conknown	
5 (7	. WAS DECEASED EVER IN U.S. ARMED FORCES? es. na, or unknawn) (If yes give war ar dates at	service) 16. SOCIAL SECURITY NO. 17. INFORMAL SERVICE) 220 09 09 1.5 A Email	ant Fi Zeleskk Address	College Back
crematian,	18. CAUSE OF DEATH (Enter only one cous PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ((() Kull Minned	rdial tailure	INTERVAL BETWEEN ONSET AND DEATH
burial, cr	Conditions, if any, which gove rise to immediate cause (a),	Carebral Wascu	lar Thrombosis	
	stating the underlying couse last.	Generalized Or	terio sebrosi	0
7 IFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT WARELATED TO THE TERM	AINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
E	20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter no	ture of injury in Part I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m.	20d. INJURY OCCURRED While At work at	JURY (Hame, farm, 20f. (City ar tawn) at, affice bldg., etc.)	(County) (State)
	21. I certify that (I) (this lost saw the deceased alive an	ital) attended the decoused fram	accurred at PM, fram causes at	nd an the date stated abov
	220. SIGNATURE	nne M.D. ATTE	ENDING MED. STAFF (S. DIRECTOR PHYS. D	9-14-67
	22c. PHYSICIAN'S NAME (Type)	ETIENNE 220	d. ADDRESS ally e T	ant god
	Burial, CREMATION, 23b. DATE THEI REMOVAL (Specify) Sept 18.			
2	I. FUNERAL DIRECTOR	ADDRESS		STRAR'S SIGNATURE

The same of the sa 342 Just Hort HO assembles favour throng the 7206 MALE AVE LOUISE ZALESAK LOUT 14 W 19531183 94 Orate Hypeardist Filere Carobrel Gogenlar Members Leveraliza asterio delavorio 1963 gp Alpt 67 Cally o Took 40 WL ETIENNE